THE 11TH COSC
CONJOINT OPHTHALMOLOGY SCIENTIFIC CONFERENCE

11TH COSC UM-APOTS OPHTHALMIC TRAUMA MEETING 2022

ASIA PACIFIC OPHTHALMIC TRAUMA SOCIETY

Malaysian Journal of Ophthalmology

Supplement
Volume 4 · Issue 3 · 2022

KUGLER PUBLICATIONS
www.kuglerpublications.com

DOI: https://doi.org/10.35119/myjo.v4i3(Supp)

Published by Kugler Publications,
P.O. Box 20538, 1001 NM Amsterdam,
The Netherlands

www.myjo.org

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History of Conjoint Ophthalmology Scientific Conference: Remembering the past and embracing the future

The main aim of this annual scientific conference is to provide a platform for the postgraduate trainees in ophthalmology to present their research outcome, updating their knowledge with the latest advancement and networking. It was the brainchild of Professor Dr Liza Sharmini Ahmad Tajudin under the headship of Professor Dr Wan Hazabbah Wan Hitam and guidance from Dr Elias Hussein. Upon the success of initiating USM Ophthalmology Symposium in 2003 and series of other conferences, the idea of having the combined conference in the spirit of 'togetherness' was explored. Universiti Malaya and Universiti Kebangsaan Malaysia were invited to host the conference. In 2006, Universiti Malaya hosted the conference with the theme of 'Ocular pharmacology and therapeutics'. It was named as UM-UKM-USM Ophthalmology Symposium. Since then, the three universities took turn to host this annual conference. The conference has evolved in term of academic value and ability to pull bigger crowd throughout the years.

Mohamed Noor Marhakim keynote address was introduced by Associate Professor Dr Bakiah Shaharuddin in 2005 during the 3rd USM Ophthalmology Symposium and has been continued in UM-UKM-USM Ophthalmology Symposium. The late Dato' Dr Mohamed Noor Marhakim was the first to initiate the ophthalmology postgraduate training in Malaysia. Universiti Kebangsaan Malaysia started the training program in 1981.

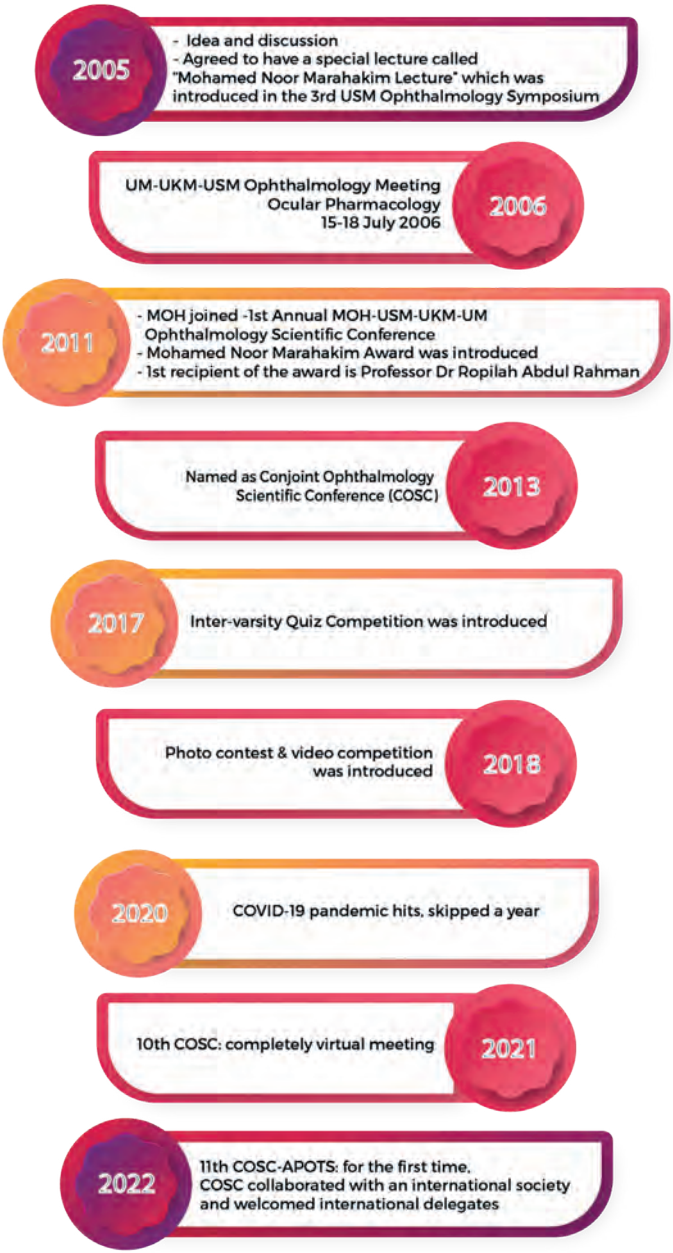
In 2011, this conference has reached another important milestone. Ministry of Health was invited to co-host this event. It was named as Conjoint Ophthalmology Scientific Conference (COSC). During this conference, the Dato' Dr Mohd Nor Marhakim award was introduced. The award was to honor individual who has made a significant contribution to postgraduate ophthalmology training in Malaysia. The first recipient was Professor Dr Ropilah Abdul Rahman.

The baton was passed to Ministry of Health to host the conference in 2012. The COSC has run 8 highly successful event, attracting hundreds of delegates all around Malaysia. Currently, it is already recognized as one of the highlighted events yearly.

In 2020, the 10th COSC was postponed due to Covid-19 pandemic and conducted as the first virtual meeting in 2021. It was a huge success with a huge number of online audiences. It also marked another first, the abstracts were published in the first supplementary issue of the Malaysian Journal of Ophthalmology. This year, COSC is conducted in conjunction with Asia Pacific Ophthalmic Trauma Society (APOTS) meeting, which marked another important milestone to COSC.

Today, COSC is one of the most anticipated national annual ophthalmology scientific meeting for local postgraduate trainees and specialists. It is attended by an average of 600-700 delegates each year and this year COSC welcome international delegates.

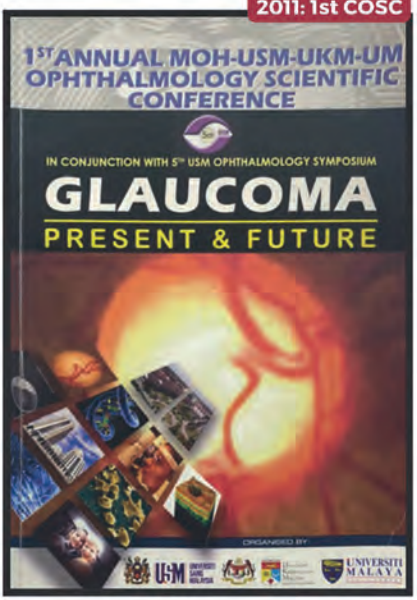
Important milestones



Past COSC meetings

No	Year	Host	Dates	Theme	Venue
1	2011	USM	16–17 July	Glaucoma: Present and Future	Kelantan Trade Centre, Kota Bahru
2	2012	KKM	14-16 Sept	Retina: A Paradigm Shift	Sunway Pyramid Convention Centre, Kuala Lumpur
3	2013	UM	13-15 Sept	Ocular Infections & Inflammation- An Ongoing Enigma	Shah Alam Convention Centre, Selangor
4	2014	UKM	12-14 Sept	Updates in Ocular Surgery	Royale Chulan Hotel, Kuala Lumpur
5	2015	USM	18-20 July	Eye Injury: Preventing the Preventable	Hotel Perdana, Kota Bahru
6	2016	KKM	23-25 Sept	Evidence Based Ophthalmology	Connexion @Nexus, Kuala Lumpur
7	2017	UM	15-17 Sept	“Angles and Curves” – New Perspectives in Cornea and Glaucoma Management	Pullman Bangsar, Kuala Lumpur
8	2018	UKM	14-16 Sept	Sailing the Stormy Seas	Royale Chulan Hotel, Kuala Lumpur
9	2019	USM	13-15 Sept	Current Controversies in Ophthalmology	Hotel Perdana, Kota Bahru
10	2021	KKM	18-19 Sept	Sweet and Dangerous	Virtual meeting
11	2022	UM	17-18 Sept	Repair, Restore, Rehabiliate, pRevent -Ophthalmic Trauma 360	Connexion@Nexus, Kuala Lumpur

2011: 1st COSC



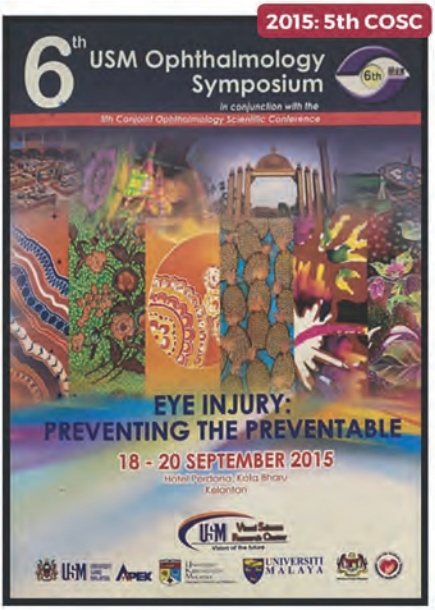
(representative, not actual design)

2012: 2nd COSC

2013: 3rd COSC

2014: 4th COSC

2015: 5th COSC



2016: 6th COSC

2017: 7th COSC

Marks an important milestone with the launching of the second edition of Malaysia's Clinical Practice Guidelines on the Management of Glaucoma

(credit source: Malaysian Society of Ophthalmology https://www.mso.org.my)

2018: 8th COSC

2019: 9th COSC

2021: 10th COSC

Marks the first COSC virtual meeting during the COVID-19 pandemic

2022: 11th COSC

Marks the first COSC international collaboration with APOTS

Mohamed Noor Marhakim Award

The Mohamed Noor Marahakim Award was first introduced in 2011, in honour of the late Dato' Dr Mohamed Noor Marahakim (1923-1998) who initiated Malaysia's first postgraduate ophthalmology training programme at Universiti Kebangsaan Malaysia (National University of Malaysia) in 1981. Since then, this annual award honours individuals who have made significant contributions to postgraduate Ophthalmology training in Malaysia. The award consists of a plaque or medal and a certificate. For the first time in 2022, the recipient of the award Dr Kamala Devi Lingam delivers the Mohamed Noor Marahakim Lecture as well.

Past Mohamed Noor Marahakim Award Recipients

Year	Recipient Name	Subspecialty
2011	Prof Dr Ropilah Abdul Rahman	Glaucoma
2012	Late Dr Faridah Hanom Annuar	Orbit & Oculoplasty
2013	Dr Anusiah K Selvathurai	Vitreo-Retina
2014	Dato' Dr Lai Yoon Kee	Vitreo-Retina
2015	Dr Elias Hussein	Comprehensive Ophthalmology
2016	Assoc Prof Dr Mimiwati Zahari	Glaucoma
2017	Late Dr Joseph Vijaya Alagaratnam	Paediatric Ophthalmology
2018	Dr Pall Singh a/l Teja Singh	Vitreo-Retina
2019	Late Assoc Prof Dr Raja Azmi Mohd Noor	Paediatric Ophthalmology
2021	Late Dato' Dr Ahmad Mat Saad	Glaucoma
2022	Dr Kamala Devi Lingam	Orbit & Oculoplasty

The Asia Pacific Ophthalmic Trauma Society (APOTS)

History

Asia Pacific Ophthalmic Trauma society was set up in 2011 by Professor Dr Azad, Professor Dr Natarajan, Professor Dr Caroline Chee, Assistant Professor Gangadhara Sundar and Associate Professor Dr Rupesh Agrawal as founding members to advance the knowledge in the field of ophthalmic trauma. None of us starts a day believing that he/she will sustain trauma to the most important human sensory organ, the eye. Yet, thousands of people sustain blinding eye trauma each day. There is uncertainty in predicting the outcome of a patient with eye trauma and there is lack of evidence based preferred practice pattern in managing eye injuries. Under this umbrella of the Asia Pacific Ophthalmic Trauma society, the team decided to set the tone for subspeciality care in the field of ophthalmic trauma and to formulate general guidelines through evidence-based medicine. The society organises meetings, conduct medical education series, and collaborate globally on research in the field of ophthalmic trauma.

Apots Mission

To build a network and team of eye care professionals with a special interest in ophthalmic trauma to advance the clinical care, science, and research inophthalmic trauma.

ASIA-PACIFIC
OPHTHALMIC TRAUMA
SOCIETY

Message from the Asia Pacific Ophthalmic Trauma Society (APOTS)

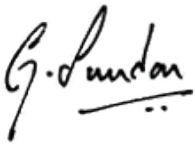
The Asia Pacific Ophthalmic Trauma Society (APOTS) was founded in 2011 by a like-minded group of Ophthalmologists from across the Asia Pacific. Hailing from different subspecialities, they had a common vision and goal of enhancing awareness of the Globe and Ocular Adnexal Injuries, which is a common cause of preventable blindness especially affecting children, young adults, and the elderly. While outcomes may be good in experienced hands, not infrequently there are devastating consequences if diagnosis is delayed and managed poorly. From a small group, APOTS has since grown over a short period of time to a membership near 300, from 11 different subspecialties of Ophthalmology and members from 25 countries not just from the Asia Pacific but from all around the world.

There are several credits APOTS can claim to its credit. Apart from the above, some others include being the first international society to recognize Ophthalmic Trauma as a distinct specialty to include both Ocular and Ocular adnexal trauma. Also it's a Society that brings together not just ophthalmologists but allied specialties such as Optometrists, Orthoptists and Ocularists all of whom are involved in the management of the ophthalmic trauma victim. Finally, over the years, it has conducted numerous regional and international scientific conferences, symposia and workshops in partnership with national and other international ophthalmic trauma societies furthering awareness, instilling the value of projpt and early diagnosis, appropriate primary and when necessary follow up management and rehabilitation.

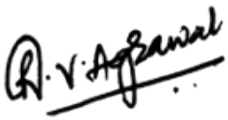
We are indeed pleased that Universiti Malaya under the leadership of Professor Datin Dr Norlina Ramli, Associate Professor Dr Tengku Ain Kamalden and Professor Dr Nurliza Khaliddin, under the auspices of the COSC have put together a great scientific program focused on various aspects of Ophthalmic Trauma to increase awareness in Malaysia and the southeast Asian region. We're also proud and thankful that Professor Dr Liza Sharmini Ahmad Tajudin, Editor of the Malaysian

Journal of Ophthalmology and her editorial team along with Kugler publications have compiled the scientific proceedings and abstracts of the various presentations from around the world.

Professor Dr S Natarajan
President



Assistant Professor
Dr Gangadhara Sundar
Chair, Scientific Committee



Associate Professor
Dr Rupesh Agrawal
Secretary

Special acknowledgements

The editorial board would like to acknowledge Datuk Dr Nor Fariza Ngah, Professor Datin Dr Zunaina Embong (USM), Professor Dr Catherine Mae-Lynn Bastion (UKM), Dr Noor Mohamad Abbas (UM) and Puan Aliza Haron (MUCCO) for providing the flyers and images used in this issue. The board would also like to credit the source of the historical content in this issue from the first 2011 COSC programme book, and the 2021 supplementary Issue of Malaysian Journal of Ophthalmology (MyJO) in conjunction with the the 10th COSC meeting. Lastly, the board expresses heartfelt gratitude to Professor Dr Liza Shamimi Ahmad Tajudin, chief editor of MyJO and Kugler publications for supporting our meeting with this supplementary issue.

Finalists of APOTS Oral Presentation Award

Code	Title
APOTSOAF01	A Look At Ophthalmic Trauma Around The Globe **Sean N**, Agrawal R, Hoskin AK, Zhang ZT, Lee B
APOTSOAF02	Characteristics And Visual Outcome Of Corneal Laceration Repair At A Secondary Eye Center In Sarawak **Chung LS**, Shaira HS, Lee HY
APOTSOAF03	Time Interval For Emergency Ophthalmic Surgery In Hospital Kuala Lumpur During The Peak Of COVID-19 Pandemic **Deivanai S**, Jamalia R, Amir S
APOTSOAF04	Intraocular Foreign Body: Clinical Characteristics, Management And Visual Outcome During COVID-19 Pandemic **Muhammad Ashrof A**, Siti Maimun MB, Kenneth Rohan L, Koh KL
APOTSOAF05	Work Related Ocular Injury: Visual Outcome And Prognostic Factors **Ch'ng HN**, Tengku Ain K, Haslina MA

Finalists of APOTS Poster Presentation Award

Code	Title
APOTSPAF01	Ophthalmic Suture Simulator: Scleral Wound Suturing Using A Virtual Reality 3D Simulator **Ashish B**, Van CL, Chetan A, Sundaram N, Akshay N
APOTSPAF02	Ocular Injuries In Female Victims Of Domestic Abuse **Dikshya B**, Pujan P, Suresh RP
APOTSPAF03	Trends Of Ocular Trauma Injuries In Hospital Tengku Ampuan Rahimah, Klang, Malaysia (HTAR) During The COVID-19 Pandemic **Ng CY**, Nurull BS
APOTSPAF04	Visual Pathway Damage In Motor Vehicle Accidents **Pall Singh TS**, Khaw CT
APOTSPAF05	A Review Of Vegetative Trauma Related Corneal Ulcer In Year 2018 2022 Hospital Sultan Abdul Halim (HSAH), Kedah, Malaysia **Angeline T**, Vishnu PR, Siti Hajar MA, Kosyilya A, Rosnita A

Finalists of COSC Oral Presentation Award

Code	Title
COSCOAF01	The Psychological Status Of Patients With Delayed Intravitreal Treatment Due To The Current COVID-19 Pandemic **Mohamad Azlan Z**, Ayesha MZ, Norshamsiah MD
COSCOAF02	Tawau Mass Cataract Surgery Initiative: A Gift Of Sight During A Pandemic **Nurul Adibah AR**, Shafiqah S, Masniah S, Anis BA, Logeswary K, Mohamad Aziz S, Nor Fariza N
COSCOAF03	Age Related Macular Degeneration: Baseline Characteristics From Malaysian Registry Investigation **Adeline KML**, Nor Fariza N, Nor Asiah M, Navin PPN
COSCOAF04	Clinical Audit On Diabetic Retinopathy Referral From Primary Health Care Centre To Tertiary Hospital **Lee CM**, Jaya Vani E, Francesca MV
COSCOAF05	Diabetic Macular Edema: Baseline Characteristics From Malaysian Registry **Nor Fariza N**, Lathalakshmi T, Nor Asiah M, Navin PPN
COSCOAF06	Endophthalmitis: A Retrospective Study **Maya Sakthi NV**, Chan CS, Saraswathy R, Azlyn Azwa J

Finalists of COSC Poster Presentation Award

Code	Title
COSCPAF01	Improving Patients' Compliance For Intravitreal Injection: A Full Cycle Audit **Andrew L**, Ang EL, Nurliza K
COSCPAF02	Comparison Of A 9-Year Trend In The Pre-Operative Visual Acuity Among Patients Presenting For Cataract Surgery At Pusat Pembedahan Katarak MAIWP And Selayang Hospital **Jasmine AR**, Suzanne S, Mohamad Aziz S
COSCPAF03	Impact Of COVID-19 Pandemic On The Cataract Services In A District Hospital **James L**, Ong WZ, Ng SL
COSCPAF04	Audit On Validity And Adequacy Of Consent Forms For Ophthalmology Laser Procedures In A Tertiary Hospital **Tham ZK**, Sharifah Azira T, Norlina MR
COSCPAF05	Review On Corneal Perforation Among Mentally Disabled Patients In Hospital Melaka **Khavigpriyaa K**, Yeoh SY, Juliana J

List of Abstracts for Oral Presentation: APOTS

Code	Title
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APOTSOP02	Make Way For Open Globes **Dayna Y**, Caroline C, Gangadhara S
APOTSOP03	Paediatrics Orbital Fractures: Not Always A Trap **Emmanuel LB**, Gangadhara S, Lim BXH
APOTSOP04	A Five-Year Retrospective Review Of Epidemiological Factors And Surgical Outcome Of Ocular Trauma At A Tertiary Hospital **Chua TW**, Jamalia R, Safinaz MK
APOTSOP05	Iatrogenic Crystalline Lens Injury Following Intravitreal Injection: A Quality Improvement Audit Loop At A Tertiary Centre **Liow YJ**, Lee WY, Ang EL, Tengku Ain K
APOTSOP06	Demographic Profile And Visual Outcome Of Bear Bite Ocular Injuries In A Tertiary Care Centre Of Jharkhand **Rahul P**, Anupama S, Abhishek S
APOTSOP07	Evaluation And Management of Eyelid And Canalicular Injuries **Titap Y**

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Anterior Segment (Lens, Iris, Glaucoma)

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APOTSAS02	A Scare For A Wear: Case Series On Contact Lens Related Microbial Keratitis **Saritrasaraswathy T**, Tan CK, Fazilawati Q
APOTSAS03	Traumatic Lens SubluxatedWith Angle Recession **Lau SK**, Peng LJ
APOTSAS04	Bilateral Decreased Vision Of "Perception Of Light" Caused By Airbag Injury, Improving To 6/6 With Treatment. **Chaw HW**, Joshua G
APOTSAS05	10-Year Review Of Traumatic Hyphema Cases In A Tertiary Hospital In East Coast Malaysia **Muhammad Syafiq AM**, Nurhayati A, Mohd Ilham I, Nor Higrayati AK, Norlina R
APOTSAS06	Floating Lens **Krishnadevi T**, Kogilavani J, Ng HK, Safinaz MK
APOTSAS07	Posterior Capsular Optic Capture For Traumatic Subluxated Intraocular Lens After Facial Massage **Amirulhasbi TP**, Evelyn T, Shawarini J, Aliff Irwan C
APOTSAS08	Challenges In Paediatric Post-Traumatic Cataract Surgery: A Case Report **Ahmad Syazrin AA**, Nurliza K
APOTSAS09	The Best Timing For Surgical Procedure In Traumatic Cataract: Evidence-Based Case Report **Fadhli W**, Tazkya A
APOTSAS10	Pupillary Optic Capture In TSIOL (Trans-Scleral Intraocular Lens) **Lim ZYHW**, Chow RC, Sheena MA
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Code	Title
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APOTSAS13	Left Eye Traumatic Eight Ball Hyphaema In Paediatrics **Mohd Syahmi Amir MR**, Ng WL, Norhafizah H
APOTSAS14	Intralenticular Foreign Body: A Case Report **Loh SL**, Ong WZ, Ng HK, Azida Juana WAK, Nurliza K
APOTSAS15	An Intriguing Case Of Traumatic Phacocele **Tan LF**, Stella S, Tan LM, Chong XY
APOTSAS16	Traumatic Expulsive Iridodialysis- A Case Series **Koh KY**, Katherine S, Choo SY
APOTSAS17	Decompressive Retinopathy After Phacoemulsification For Traumatic Cataract With Pupillary Block **Arya R**, Norshamsiah MD

Eyelid,Lacrimal & Periocular

Code	Title
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APOTSEL04	Primary Canalization In Traumatic Canalicular Laceration **Havilah ZR**, Hendriati
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APOTSEL09	Tarsoconjunctival Graft And Rotational Flap Repair After Traumatic Large Upper Eyelid Avulsion: A Surgical Challenge **Muhammad Fariz**, Sutjipto
APOTSEL10	Traumatic Nasolacrimal Duct Obstruction Following Maxillofacial Implants: Managing The Aftermath **Ayushi A**, Nandini B, Mohammad Javed A, Milind NN

Cornea & Ocular Surface

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APOTSGT04	A Cheap Blue Filtered Torchlight Efficiently Detects Corneal Epithelial Defect And Aqueous Leak **Liaw WJ**, Muhammad Fadhli AH
APOTSGT05	Intraocular Foreign Body – A Deadly Miss **Ibtihal BI**, Nurhayati AK, Chiang WS
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Code	Title
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APOTSGT23	A Curious Case Of Corneal Injury With Headscarf **Mahaviviandev M**, Mohamad Israk MI, Liew OH, Shuaibah AG
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Code	Title
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APOTSGT35	A Case Of Intraocular Glass Foreign Body With Povidone Iodine Induced Toxic Keratopathy **Jasmine AR**, Hamizah M, Khairuddin O, Muharliza M
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Code	Title
APOTSGT44	Full Thickness Corneal Laceration With Iris Prolapse **Yap SR**, Chang MY, Heng YL, Mohd Ishaq AK
APOTSGT45	*Streptococcus Pneumoniae* Keratitis With Devastating Sequelae **Nadzirah S**, Julieana M, Ngoo QZ
APOTSGT46	Orbital Abscess Secondary To Facultative Anaerobes Post Orbital Wall Fractures And Sinus Walls Fractures With Haemosinus **Tan SM**, Lim TH
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Neurophthalmic

Code	Title
APOTSNT01	Traumatic Isolated Oculomotor Nerve Palsy – A Case Series **Oui PC**, Tiong SZ, Lam CS
APOTSNT02	Joy Or Tragedy. Firecracker - Inflicted Traumatic Optic Neuropathy **Choy SY**, Ng PY, Loke JY, Krishnalatha B
APOTSNT03	Rehabilitation Of The Ophthalmic Trauma Patient In The Acute Setting: A Conceptual Framework **Danial B**, Inez H, Christie C, Chen X, Ong SS
APOTSNT04	“Crashed, Landed, And Blinded” **Nur Afzan MJ**, Haireen K, Mimiwati Z

Orbit & Orbitofacial

Code	Title
APOTSOR01	An Unusual Case Of Metallic Intra Orbital Foreign Body Removal: A Multidisciplinary Approach **Monisha A**, Nayana P, Chhaya S
APOTSOR02	AirBag-Induced Orbital Injury - A Case Report **Dheveya S**, Arvindra K, Muhammad Ropi M, Wan Mohd Hafidz WAR, Tajunisah Begam MI
APOTSOR03	Proptosis In A Child Secondary To Traumatic Subgaleal Hematoma With Intraorbital Extension – A Case Report **Haw QZ**, Francesca MV, Chan CT
APOTSOR04	My Eyelid Puffed Up When I Blew My Nose! **Chai YJ**, Joan MP
APOTSOR05	Orbital Emphysema And Pneumocephalus Caused By Industrial Injury (Compressed-Air Horse) **Ibrahim N**, Ahmad N, Shahrul B
APOTSOR06	Traumatic Proptosis With Partial Optic Nerve Avulsion: A Rare Case Report **Marini YL**, Rodiah RL
APOTSOR07	Intraorbital Foreign Bodies: A Case Series Of Unfortunate Events **Nur Hanis Y**, Fazliana I, Wan Mariny WMK, Norlaila T
APOTSOR08	Orbital Floor Fracture **Mardijas E**, Hendriati, Aulia
APOTSOR09	Displaced Bony Fragments In Orbit **Kavvya MB**, Renuka K
APOTSOR10	A Near Miss: Socket The Saviour **Chong XY**, Tan LF, Nurul Ashikin A
APOTSOR11	The Utility Of Cone Beam Computed Tomography (CBCT) For Soft Tissue And Bony Trauma– Seeing Is Believing **Blanche L**, Gangadhara S

Posterior segment

Code	Title
APOTSPS01	Work Related Penetrating Eye Injury With Intraocular Foreign Body: A Case Series **Nur Izzati MF**, Anhar Hafiz S, Zabri K
APOTSPS02	A Rare Case Of Sphingomonas Paucimobilis Endophthalmitis Post Penetration Ocular Trauma **Nur Syifa AQA**, Muhd-Syafi AB, Aidila Jesmin J, Adzura S
APOTSPS03	Airbag Associated Injuries – A Case Of Terson Syndrome In A Three Month Old Boy **Chan WS**, Ooi YL, Muharliza M, Muzaliha MN, Rona Asnida N, Haslina A
APOTSPS04	Phacoanaphylactic Uveitis Post Ocular Trauma **Low KL**, Choo SY, Jemaima CH
APOTSPS05	In The Blink Of An Eye: A Case Of Post Traumatic Bacillus Endophthalmitis **Saritrasaraswathy T**, Tan CK, Fazilawati Q
APOTSPS06	Bilateral Terson's Syndrome Following Subarachnoid Haemorrhage Post Motor Vehicle Accident Successfully Treated With Vitrectomy **Anita M**, New SH, Francesca MV, Nur Ismarudi I, Othmaliza O
APOTSPS07	A Shocking Walk - Intraocular Foreign Body In An Unfortunate Passerby **Yeap ZL**, Ooi YL, Muharliza M
APOTSPS08	Bleed On A Bleed ..How Do We Go About It? **Athifah AJ**, Raajini K, Zaidah MK
APOTSPS09	Case Series Of Intraocular Foreign Bodies And Related Endophthalmitis **Emily N**, Khairuddin O, Anhar Hafiz S, Othmaliza O, Widad Y, Zabri K
APOTSPS10	The Value Of Plain X-Ray Orbital Radiography In Detecting Intraocular Metallic Foreign Body **Emily N**, Khairuddin O, Othmaliza O, Widad Y, Zabri K
APOTSPS11	Hidden Intraocular Foreign Body **Tikambari E**, Mohamad Aziz Salowi, Fazliana Ismail
APOTSPS12	Traumatic Central Serous Chorioretinopathy **Lim HW**, Jaya Vani E, Francesca MV
APOTSPS13	Occult Globe Rupture And Ocular Trauma Score **Lee HN**, Kuan ST

Code	Title
APOTSPS14	“Reverse Hammock Effect” In Reattaching Traumatic Rhegmatogenous Retinal Detachment With Posterior Staphyloma **Low ZN**, Kiu KH, Choo SY
APOTSPS15	Paediatric Traumatic Retinal Detachment: Clinical Characteristics And Surgical Outcomes **Vithiaa N**, Choo SY, Jamalia R

Miscellaneous

Code	Title
APOTSOT01	A Cat Lover's Tale **Atiqah WK**, Nandini V
APOTSOT02	Smoking And Complicated Traumatic Hyphema **Lai YS**, Reshallene K, Kogilavaani J, Shatriah I
APOTSOT03	Pterygium Surgery: Complications From The Use Of Cyanoacrylate Glue In Conjunctival Grafting – A Case Report **Lim YX**, Kenneth T
APOTSOT04	Spectrum Of Firecracker Eye Trauma In Batu Pahat **Muhammat Asyari I**, Choy SY, Loke JY, Ng PY, Krishnalatha B
APOTSOT05	Sympathy Leads To Worry **Nurul Farhana M**, Nor Fariza N, Shatriah I
APOTSOT06	Optometric Vision Therapy For Post-Traumatic Vision Syndrome **Danial B**, Ajay K, Tan JY, Suriya AW
APOTSOT07	Successful Self-Enucleation – A Case Report **Mohammad Fahim MJ**, Nooramad Abbas A, Norizan O, Fadzlina A, Raja Norliza RO, Nor Fadhilah M
APOTSOT08	Case Report - An Unusual Eye Trauma Caused By Sandpaper **Angeline T**, Rosnita A, Kosyilya A

COSC Poster Abstracts

Cornea, External Eye Diseases, and Eye Banking

Code	Title
COSCCE01	Progress Of Parinaud Oculoglandular Syndrome Treated With Co-Amoxiclav **Seetha K**, Logandran VK
COSCCE02	Case Series Of Granulomatous Conjunctivitis **Tan CL**, Nik Nazihah NA, Saraswathy R, Azlyn Azwa J
COSCCE03	A Case Of Bilateral Iridoschisis With Corneal Decompensation **Chin CW**, Jaya VE, Gayathri G, Siew HH, Francesca MV
COSCCE04	Ocular Manifestations Of Ectrodactyly-Ectodermal Dysplasia-Cleft Palate Syndrome – A Case Report **Mohammad Fahim MJ**, Tai WD, Ang WJ, Raja Norliza RO, Nor Fadhilah M
COSCCE05	The Masquerader Of Interstitial Keratitis In An Immunocompetent Patient **Tai WD**, Ivan C, Roslin AAA, Nor Fariza N
COSCCE06	A Rare Complication Of Cornea Ulcer **Daniel PSK**, Jaya E, Hayati AA, Francesca MV, Khairy SST
COSCCE07	Neglected Huge Mass **Teo YE**, Siti Zaitihani H, Juliana J, Zunaina E
COSCCE08	Outcomes Of Air Descematopexy For Descemet's Membrane Detachment Post Cataract Surgery: A Case Series **Siti Najibah Zaidah MY**, Nor Sharina Y, Che Mahiran CD, Siti Nor Roha DH, Fazliana I
COSCCE09	Bilateral Eye True Membranous Conjunctivitis **Banupriyah ME**, Saraswathy R, Azlyn A
COSCCE10	Red Eye - From Simple To Sinister **Nur Syazwani R**, Safinaz MK, Nor Azita AT
COSCCE11	Safety And Effectiveness Of Transepithelial Crosslinking In Young Age Group **Nur Izzah Husna S**, Khairidzan M, Nadhirah F

Glaucoma

Code	Title
COSCGL01	Two-Year Longitudinal Evaluation Of Istent Inject® System For Open Angle Glaucoma In A Single Center **Teoh RJJ**, Roslinah M, Felicia FYC, Munirah AR
COSCGL02	The Role Of Glaucoma Drainage Device (GDD) In Secondary Glaucoma During Prenatal Period: A Case Report **Nur Farhana K**, Roslinah M, Shakira J, Munirah AR, Wan Nur Ain WA
COSCGL03	Outcomes Of Trabeculectomy In Asian Eyes With Juvenile Open Angle Glaucoma (JOAG) **Wan Nur Ain WA**, Nur Farhana K, Munirah AR, Roslinah M
COSCGL04	A Review On Outcome Of Phacomorphic Glaucoma In Hospital Melaka **Khavigpriyaa K**, Salwa T, Juliana J
COSCGL05	An Unusual Case Of Bilateral Acute Depigmentation Of The Iris In A Young Male **Vinoshini Devi K**, Siti Amirah H, Haireen K

Neurophthalmology

Code	Title
COSCNO01	Wall-Eyed Bilateral Internuclear Ophthalmoplegia (WEBINO) Secondary To Unilateral Pontine Infarction **Tiong SZ**, Oui PC, Lim TH
COSCNO02	Direct Carotid-Cavernous Fistula: An Atypical Presentation **Elicia C**, Logandran VK
COSCNO03	Bilateral Optic Disc Atrophy In Morbidly Obese Child: A Case Report **Sharifah Zahra SEA**, Suzanne S, Siti AH
COSCNO04	Concurrent Bilateral Non-Arteritic Anterior Ischemic Optic Neuropathy (NAION) In Patient With Pre-Existing Optic Atrophy: A Case Report **Muhammad Firdhaus Z**, Siti AH, Mohd Aziz H, Jemaima CH
COSCNO05	Delayed Horner Syndrome Post Thyroid Carcinoma Surgery **Sangeetha M**, Mushawiathi M, Shahrun Niza AS, Norshamsiah MD
COSCNO06	False Brain Tumour **Kasman J**, Nor Anita CO, Ahmad Kamal Ghanimi Z, Che Ku Hafiza CKA, Julieana M
COSCNO07	Bilateral Blindness In Cavernous Sinus Thrombosis **Kasman J**, Nor Anita CO, Nur Afiah K, Che Ku Hafiza CKA, Julieana M
COSCNO08	Optic Disc Granuloma With Neuroretinitis Secondary To Bartonella Hanselae **Nurul Farah Huda S**, Julieana M, Wan Hazabbah WH
COSCNO09	Cerebral Venous Sinus Thrombosis As A Complication Of Post COVID- 19 Vaccination **Nurul Farah Huda S**, Julieana M, Wan Hazabbah WH
COSCNO10	Meningioma Masquerade As Posterior Communicating Artery (PCOM) Aneurysm In Oculomotor Nerve Palsy (ONP): Case Report **Sangariswari G**, Suriana S, Noor Sheereen AB
COSCNO11	Characterisation Of Patients With Optic Disc Swelling: A Retrospective Study **Kee TH**, Wong XC, Noor-Khairul R
COSCNO12	Discover The Multiverse Of Syphilis **Yeohan Y**, Tan BH, Ng SL
COSCNO13	Light At The End Of The Tunnel: A Case Report On Non-Steroid Responsive Neuromyelitis Optica Spectrum Disorder **Sai Priyalatha M**, Nurul Shima I, Norlelawati A, Wan Mohd Hafidz WAR, Mae Lynn CB

Code	Title
COSCNO14	A Double Whammy: Case Report Of Bilateral Posterior Ischemic Optic Neuropathy Secondary To Myeloperoxidase Antineutrophil Cytoplasmic Antibody Associated Vasculitis **Ng QX**, Wai YZ, Gan YK, Liew OH, Hanida H
COSCNO15	Bilateral Internuclear Ophthalmoplegia In Neuromyelitis Optica Spectrum Disease **Siti Nur Amira AK**, Mae Lynn CB, Othmaliza O, Rabani R
COSCNO16	Myelin Oligodendrocyte Glycoprotein Antibody-Associated Disease (MOGAD) Mimicking Pleomorphic Xanthoastrocytoma; A Delayed Presentation Of Refractory Optic Neuritis **Siti AA**, Nurul AM, Goh SY
COSCNO17	Simultaneous Bilateral Optic Neuritis In A Child - A Case Report **Noor Atieqa Inani S**, Sujaya S, Amir S
COSCNO18	Posterior Ischemic Optic Neuropathy Associated With Internal Carotid Artery Thrombosis **Daniel P**, Saiful B, Teo SK, Hayati AA, Francesca MV, Khairy SST
COSCNO19	Where Is The Lesion? **Wan Nur Najwa WZ**, Norlaila T
COSCNO20	Case Report: Loss Of Vision Following Uneventful Coronary Angiogram **Norhidayah AZ**, Mohd Khairul AM, Zaidah MK
COSCNO21	Prevost's Sign - Conjugate Eye Deviation Corresponding To Site Of Lesion **Tan CL**, Chong KY, Wai YZ, Lim IH
COSCNO22	Atypical Optic Neuritis - Never Give Up **Chong XY**, Tan LF, Siti Amirah H
COSCNO23	Atypical Optic Neuritis; A Case Series **Nur Suhaila A**, Saraswathy R, Nik Nazihah NA, Azlin Azwa J
COSCNO24	Primary Central Nervous System Lymphoma Manifesting As Bilateral Internuclear Ophthalmoplegia **Tan LF**, Chong XY, Wai YZ, Tan LM
COSCNO25	Resolution Of Visual Field Defect In Optic Nerve Sheath Meningioma Post Gamma Knife Radiosurgery **Bee SY**, Rona AN, Othmaliza O, Jemaima CH

Orbital, Oculoplastic, and Lacrimal

Code	Title
COSCOR01	A Rare Case Of Bilateral Infantile Orbital Cellulitis Complicated With Meningitis And Subperiosteal Abscess Caused By Staphylococcus Aureus **Thamarai M**, Nazrin MN, Peng LJ
COSCOR02	Case Report Of Rhino-Orbital-Cerebral Mucormycosis In A Patient With COVID-19 Positive **Fairuz MR**, Norlaila T
COSCOR03	Cast Forming Chronic Canaliculitis **Alene LWY**, Tiong SZ, Lam CS
COSCOR04	A Rare Case Of Uveal Melanoma In Young Age Patient **Che Ku Hafiza CKA**, Anis BA, Logeswary K, Hanida H
COSCOR05	Blinding Rhino-Orbital-Cerebral Mucormycosis **Mohamad Luqmanhaqim A**, Gebriellea Dass CJ, Adeline KML, Kogilvaani J, Wan Hazabbah WH
COSCOR06	Doctor, Do I Have Cancer Again? – A Case Of Conjunctival Lymphoma Recurrence **Fathin Nabilah AR**, Mahani M
COSCOR07	A Case Of Parinaud Oculoglandular Syndrome – The Atypical “Red Eye” **Fathin Nabilah AR**, Wan Radziah WN
COSCOR08	Squamous Cell Carcinoma Of The Eyelid **Sangeetha M**, Othmaliza O, Norshamsiah MD
COSCOR09	Is This Too Sweet? Orbital Infiltration As The Only Sign Of Relapsed Sweet Syndrome **Lim YW**, Nor Fadhilah M, Amir S
COSCOR10	Rhino-Orbital Mucormycosis **Afiqah IH**, Nik Nazihah, Saraswathy R, Christina NWK, Nor Akmal Bahari B, Norlaila T, Azlyn Azwa J
COSCOR11	Orbital Cellulitis Post Nasopharyngeal Swab: A Coincidence Or A Poor Luck? **Mohd-Asyraaf A**, Abdul Hadi R

Miscellaneous

Code	Title
COSCOT01	Ocular Tuberculosis With Lymphadenitis **Lau SK**, Peng LJ
COSCOT02	Dr, Is My Cataract Back? – A Report On Intraocular Lens Opacification **Yeap KC**, Choong YY
COSCOT03	Capsular Bag Distension Syndrome - Be Aware: A Case Series **Fairuz W**, Gan SS, Khairul Husnaini MK
COSCOT04	Incidence Of Posterior Capsular Rupture And Dropped Nucleus During Cataract Surgery Before And During The COVID-19 Pandemic At Pusat *Pembedahan Katarak MAIWP (PPKM)* **Suzanne S**, Jasmine R, Sharifah Z, Mohamad AS
COSCOT05	Endogenous Endophthalmitis In Liver Abscess: A Case Series **Krishnadevi T**, Inderpreeet K, Ng HK, Safinaz MK, Jemaima CH
COSCOT06	Subtenon-Related Transient Total Vision Loss **Nur Sakinah BS**, Nurul Nadiah WA, Prema C, Rozita I, Raja Nor Farahiyyah RO
COSCOT07	Anterior Biometry Profile Of High Axial Myopia In Cataractous Eyes In Kuantan – Early Results **Mohd Asyraaf A**, Khairidzan MK
COSCOT08	Does Blurring Of Vision Affect The Outcomes Of Visual Search Training In Patient With Hemianopia? Evidence From A Case Study **Aida Hazira R**, Azuwan M
COSCOT09	Case Studies And Review On The Practical Use Of Three Dimensional Printing In Ophthalmology **Nooramad Abbas A**, Norlina R
COSCOT10	A Retrospective Study On The Refractive Outcome Of Phacoemulsification With Intraocular Lens Implantation In Hospital Kuala Lumpur **Chow KM**, Sharifah IH, Nor A

Paediatric Ophthalmology and Strabismus

Code	Title
COSCPO01	Surprise Inside The Cyst **See WS**, Lim ZYHW, Mohammad Israk MI
COSCPO02	Orbital Epidermoid Cyst At Medial Canthal Area - An Unusual Location **Sri Dayana ZAS**, Tan CY, Azlyn AJ, Fazilawati AQ
COSCPO03	Sweet Syndrome Masquerading As Preseptal Cellulitis **Leong CY**, Ainal AN, Rona AN, Jemaima CH, Mae Lynn CB
COSCPO04	Isolation Of Escherichia Coli From The Eye: A Case Series **Lim CL**, Muhammad Nazrin MN
COSCPO05	Unusual Mimicker Of Neuroretinitis: Bilateral Hypertensive Chorioretinopathy In A Child With Nephropathy – A Case Report **Khor HG**, Karmila AB, Penny LPW, Tajunisah BMI, Azida JWAK, Nurliza K

Retina

Code	Title
COSCRE01	A Mistaken Identity: Extrafoveal Polypoidal Choroidal Vasculopathy Masquerading As Choroidal Malignancy **Teh CK**, Poh KW, Shelina OM, Nor FN
COSCRE02	Cryptococcal Neoformans Chorioretinitis **Teo WH**, Alene L, Teo BH
COSCRE03	The Unseen Of Vaccine **Sabrina AHA**, Norlina R, Fazliana I
COSCRE04	A Series Of Unfortunate Ocular Events In A Patient With Follicular Lymphoma **Nur Faizah H**, Sherina Q, Nor Fadzillah AJ, Khairy Shamel ST
COSCRE05	Recurrent Unilateral Vitreous Hemorrhage From A Retinal Arteriovenous Malformation In A Child **Sri Dayana ZAS**, Tan CY, Azlyn Azwa J, Shelina OM, Roslin Azni AZ, Fazilawati AQ
COSCRE06	A Rare Case Of Bilateral Choroidal Neovascularization In Ocular Syphilis **Nurul Ibtisam M**, Sangeeta K, Noram MS, Norshamsiah MD
COSCRE07	Complicated Recurrent Retinal Re-Detachment Following Scleral Tunnel Fixated Intraocular Lens Implantation With Yamane Technique **Mohamad Azlan Z**, Ahmad Razif O, Ayesha MZ, Mae Lynn CB
COSCRE08	A Rare Presentation Of Endogenous Endophthalmitis **Syahirah Y**, Abdullah Ashraf RA, Nor Azimah AA, Muhammad Adib R
COSCRE09	An Eye With Double Occlusion **Kasman J**, Nor Anita CO, Rosiah M, Che Ku Hafiza CKA, Julieana M
COSCRE10	Neuroretinitis Following COVID-19 Vaccination **Komathi A**, Sangeeta K
COSCRE11	*A Case Of Bartonella Henselae Neuroretinitis* With Macular Branch Retinal Artery Occlusion **Nurul Ibtisam M**, Sangeeta K, Noram MS, Norshamsiah MD
COSCRE12	Eales Disease With Overlapping Disease Course: A Multimodal Treatment **Seah RB**, Rhuen CC
COSCRE13	Successful Pneumatic Retinopexy For Inferior Rhegmatogenous Detachment **Nur Ain Shafiyah MG**, Sherina Q, Wan Hazabbah WH

COSCRE14	The Various Ocular Manifestations In Systemic Lupus Erythematosus **Muhammad Hazim S**, Rajasudha SR, Tajunisah Begam MI
COSCRE15	Combined Temporary Keratoprosthetics And Vitrectomy Surgery For A Case Of Endophthalmitis **Jesspreet Kaur HS**, Ahmad Razif O, Lam CS, Mae Lynn CB, Safinaz MK
COSCRE16	Various Manifestations Of Ocular TB **Thivakar S**, Solehah J
COSCRE17	Acute Post Vitrectomy Endophthalmitis In A Pemphigoid Patient **Aiman Ifwat S**, Mae Lynn CB, Mushawiahti M, Ainal AN
COSCRE18	Masquerading In A Case Of Hemiretinal Vein Occlusion **Goh SZ**, Kosyilya A, Hanisah AH, Rosnita A, Wan Hazabbah WH
COSCRE19	Ophthalmic Manifestation As The Initial Presentation Of Blood Dyscrasia **Nur Fatihin Samiyah MH**, Wan Norliza WM
COSCRE20	Hypertensive Choroidopathy Mimicking Central Serous Chorioretinopathy (CSCR) **Teh CK**, Nor'Ain MR, Nor Fariza N
COSCRE21	Endogenous Endophthalmitis Following Post COVID-19 Vaccination In Patient With Invasive Klebsiella Syndrome **Muhammad Zakwan I**, Sangeetha S, Jakiyah D, Khairul Husnaini MK
COSCRE22	Bilateral Venous Stasis Retinopathy Complicating Bilateral Cavernous Carotid Fistula **Tan LF**, Lathalakshmi T, Tan LM, Hanizasurana H
COSCRE23	Double The Trouble **Suganthi K**, Nurul Hamiza MR, Tan BH, Ng SL
COSCRE24	Case Series: Spontaneous Subretinal Fluid Resorption In Detached Tamponaded Retinae **Yeoh BJ**, Marium JA, Tengku Ain K

Uveitis

Code	Title
COSCUV01	A Rare Case Of Bilateral Cytomegalovirus Panuveitis In An Immunocompetent Individual **Shiivaa Manjare B**, Cheng TC, Ayesha MZ, Norshamsiah MD
COSCUV02	The Ophthalmic And Psychosocial Challenges In Managing Ocular Syphilis – A Case Report **Muhammad Adib R**, Azlan Azha M
COSCUV03	Electronic Cigarette Induced Panuveitis **Sabrina AHA**, Norlina R, Tajunisah I
COSCUV04	A Rare Case Of Primary Vitreoretinal Lymphoma (PVRL) **Lim JH**, Nik Nazihah NA, Christina NWK, Saraswathy R, Azlyn Azwa J, Nor Ismarudi I, Roslin Azni AA
COSCUV05	Good Visual Outcome In A Presumed Endogenous Candida Endophthalmitis Patient Treated With Intravitreal And Systemic Amphotericin B **Nooramad Abbas A**, Tajunisah I
COSCUV06	Ocular Tuberculosis: A Case Series **Maya Sakthi NV**, Christina NWK, Azlyn Azwa J, Nor Azita AT
COSCUV07	Bilateral Anterior Uveitis In Smear Negative Tuberculosis **Noor Atikah S**, Saraswathy R, Azlyn Azwa J
COSCUV08	Multiple Evanescent White Dot Syndrome. A Case Report Of White Dots In The Eye **Jon G**, Sudha SR
COSCUV09	Bilateral Pan Uveitis In Ulcerative Colitis: A Vogt-Koyanagi Harada Disease (VKHD) Mimicker **Nur Hanisah MK**, Nazima SA, Amelia LLS, Hamisah I, Nor Azita AT
COSCUV10	Successful Treatment Of A Subretinal Abscess Secondary To Exogenous Endophthalmitis **Jon G**, Farah Nadia F, Sudha SR
COSCUV11	Ocular Tuberculosis (TB) - Do I Look Like X-Men Storm, Doctor? **Farah Nadia F**, Siti Amira H, Mohd Aziz H
COSCUV12	White Polka Dots In The Eyes: Both Eyes Punctate Inner Choroidopathy **Kumar V**, Khor HG, Penny LPW
COSCUV13	Uveitis Masquerade Syndrome In Systemic Lymphoma Patients: Intraocular Lymphoma Vs Opportunistic Infection **Envira L**, Soh WW, Mas Edi, Wendy SYN

Code	Title
COSCUV14	Bilateral Endogenous *Klebsiella* Endophthalmitis In Immunocompetent And Culture Negative Liver Abscess Requiring Evisceration: A Case Report **Arjamilah MN**, Evelyn TLM, Shatriah I
COSCUV15	Rare Case Of Bilateral And Asymmetrical Multiple Evanescent White Dot Syndrome (MEWDS) **Kumutha M**, Norshamsiah MD, Nor Fadzillah AJ

APOTS Oral Award Finalist

APOTSOAF01

A LOOK AT OPHTHALMIC TRAUMA AROUND THE GLOBE

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Background

The prevalence and types of ophthalmic trauma differ considerably based on factors including geography, socio-economic status, age, and occupation. Currently, there is no internationally adopted clinical registry to collect data on ophthalmic trauma to explore these differences. This study reports analysed data collected from a new international eye injury registry – the International Globe and Adnexal Trauma Epidemiological Eye Study (IGATES) registry.

Methods

Global data was collected from 20 participating centres across 9 countries spanning 3 continents – Asia, North America, and South America. Data was collected using a password protected free online platform. Factors such as the mechanism and location of injury, clinical management and visual outcomes were analysed. All collected data was anonymized, and all participating sites obtained ethics approval from their local ethics review board.

Results

3273 eyes (representing 3170 patients), with a male to female ratio of 3.47 and mean age of 29.83 years, were included in the analysis. 2864 injuries (90.66%) were accidental/unintentional, with 46.82% occurring at home and 20.54% in the workplace. Iran had the highest rate of workplace injuries (42.34%) while the USA had the highest rate of domestic eye injuries (65.69%). Eye protection was reported to be worn in 1.08% of patients.

Conclusion

The majority of cases were accidental and occurred at home, and there were significant differences found between the surveyed countries. IGATES provides an opportunity to utilize big data to analyse eye injuries. This may help to improve outcomes and ultimately reduce incidence of ophthalmic trauma with real-time, informed prevention strategies.

APOTSOAF02

CHARACTERISTICS AND VISUAL OUTCOME OF CORNEAL LACERATION REPAIR AT A SECONDARY EYE CENTER IN SARAWAK

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Background

To report the characteristics and visual outcome of patients with open globe injuries who underwent corneal laceration repair at a secondary eye center in Sarawak.

Methods

The medical records of patients who underwent corneal laceration repair for open globe injuries from January 2020 to December 2021 were retrospectively reviewed. Data on socio-demographics, nature and mechanism of injury, duration to treatment, and visual acuity at presentation and 2 months post operation were analyzed.

Results

A total of 26 patients (26 eyes) with open globe injuries underwent corneal laceration repair from January 2020 to December 2021. 3 patients with incomplete data were excluded from this study. The majority of patients were aged 25 - 64 (9 patients, 39.13 %) with male predominance (8 patients, 34.78 %). Domestic-related injuries were the main cause of trauma (9 patients, 39.13%). 12 patients (52.17%) had vision worse than 3/60 at 2 months post-surgery. However, 13 patients (56.52%) had ≥1 line improvement in vision. Despite logistic issues in Sarawak, 69.5% of patients received timely surgical intervention within 24 hours of trauma. Otherwise, all remaining patients presented late to us.

Conclusion

The cornea being the most anterior structure of the globe is prone to injury. Thus, education on ocular protection and prompt treatment are vital in preventing monocular blindness.
APOTSOAF03

TIME INTERVAL FOR EMERGENCY OPHTHALMIC SURGERY IN HOSPITAL KUALA LUMPUR DURING THE PEAK OF COVID-19 PANDEMIC

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Background

The Coronavirus disease 2019 (COVID-19) pandemic led to staff shortage and repurposing of health facilities, thus affecting the workflow of emergency ophthalmic surgery in Hospital Kuala Lumpur (HKL). The objective of this audit is to ensure that there was no time delay for emergency ophthalmic surgery in HKL during the peak of COVID-19 pandemic.

Methods

Retrospective Clinical Audit

Results

A total of 49 patients underwent emergency ophthalmic surgery from May 2020 – December 2020. There was a male preponderance with total number of male patients being 34 (69%) and the majority of patients were from the age group of 21-30 years old. Most of the cases were sight threatening (80%) which include ocular trauma, vitreo-retinal cases and evisceration. Meanwhile, the non-sight threatening cases consists of eyelid/conjuctival laceration, iris repositioning and glaucoma surgery. Most of the surgeries (36%) were performed within 6 hours of admission/ decision for surgery. Only 4% of surgeries were delayed more than 24 hours. A vitreo-retinal case was delayed for 26 hours due to presence of ECG changes and hypokalaemia. The second case was a case of pan-ophthalmitis, planned for evisceration and was delayed due syndrome of inappropriate anti-diuretic hormone (SIADH). Both patients were referred to the medical team for stabilisation prior to surgery.

Conclusion

The cause of the delay in both patients were not due to the COVID-19 pandemic but due to medical co-morbidities. Despite the limitation of staff and resources during the COVID-19 pandemic, ophthalmic emergency surgeries were carried out on appropriate timing without delay.

APOTSOAF04

INTRAOCULAR FOREIGN BODY: CLINICAL CHARACTERISTICS, MANAGEMENT AND VISUAL OUTCOME DURING COVID-19 PANDEMIC

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Background

To evaluate clinical characteristics, management patterns, and visual outcome of patients presenting with Intraocular Foreign Bodies (IOFB) during COVID-19 pandemic at Hospital Raja Permaisuri Bainun.

Method

Retrospective study

Results

A total of 18 patients were included from December 2019 until January 2022, all patients are male with mean age of 35.7±14.6 years old. Majority of patients are Malays (44%) followed by foreigners (28%). 67% of the incidents occurred at workplace and another 33% at home. 72% of patients presented before 24-hours and remaining 28% presented after 24-hours post trauma. Majority of cases involved right eye, 11 cases (61%). The IOFBs were located in the retina 9 cases (50%), vitreous 5 cases (28%), while lens and anterior chamber were involved with 11%. Metallic objects (67%) accounted for the commonest type of IOFB. Most presented with cornea laceration accounting for 16 cases (88.8%). All of them received intra-orbital (intravitreal or intracameral) antibiotics while 83.3% underwent pars-plana vitrectomy. Despite intravitreal treatment, one third cases (33%), developed endophthalmitis, Initial visual acuities (logMAR), were 2.0±1.19 and with final visual acuities of 1.46±1.18. Overall improvement in final visual outcome was not statistically significant (P=0.17) with an average of only 2-lines visual improvement after treatment.

Conclusion

Despite COVID-19 pandemic, majority of patients presented early to hospital. Although final visual outcome was not statistically significant, clinically most of them had stable long term visual acuity due to early antibiotic treatment and surgical intervention. Corneal involvement is the poorest visual prognostic factor among IOFB patients.

APOTSOAF05

WORK-RELATED OCULAR INJURY: VISUAL OUTCOME & PROGNOSTIC FACTORS

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Background

Work related ocular injury has immense burden economically and socially. This study is to look into work related ocular injury in Malaysia.

Methods

This is a retrospective study conducted in two tertiary centres from January 2010 to December 2016. Cases were extracted from the databases and data collection was done in a standardized format using the World Eye Injury Registry.

Results

Male workers were more commonly affected with most common age group involved was 20-39. The most common source of injury was injury associated with high velocity mechanism and high-powered machine. Poor compliance to personal protective equipment (PPE) was more than 90%. At 6 months post injury, 66.5% of patients had good visual outcome compared to 34.2% at initial presentation. Although there was a reduction to half in total number of patients with blindness at 6 months post injury, 20.3% still had visual acuity of worse than 3/60. From the multivariate logistic regression analysis, OTS group 2(OR27.27; 95% CI, 4.22-176.14), group 3(OR, 12.40; 95% CI, 2.46-52.50) and patients who underwent 2 or more surgeries within 6 months were noted to be poor prognostic factors for visual outcome.

Conclusion

20.3% of patients had blindness at 6 months. Poor prognostic factors identified were the OTS group 2 and 3 and 2 or more surgeries performed within 6 months. The availability of PPE should be ensured at the workplace and specific training should be delivered to enhance the compliance.

APOTS Poster Award Finalist

APOTSPAF01

OPHTHALMIC SUTURE SIMULATOR: SCLERAL WOUND SUTURING USING A VIRTUAL REALITY 3D SIMULATOR

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Background

Suturing is the most important skill required in the management of anterior segment trauma. It is essential that we practice suturing well before one does suturing in real live surgery.

Materials and Methods

The use of a virtual reality high fidelity simulator for practicing suturing. 5 residents underwent a structured 2-day course for suturing the scleral wound. The course consisted of Instructor led training in classroom and simulator lab. The trainees were assessed subjectively and objectively from the feedback on the simulator.

Results

The trainees were able to show a satisfactory performance on the simulator. They had more confidence and showed lesser complications on the simulator.

Conclusion

The use of a virtual reality high fidelity simulator affords an opportunity for the beginning surgeon to obtain the “feel” of normal human tissue along with immediate recognition of a penetrating needle placement. Use of this device in a teaching situation in our clinic has demonstrated that the instrumentation is useful in management of anterior segment trauma.

APOTSPAF02

OCULAR INJURIES IN FEMALE VICTIMS OF DOMESTIC ABUSE.

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Background

Ocular injuries in female victims of domestic abuse are very common. The purpose of this study is to examine the occurrence of ocular injuries in such battered women and note the pattern of injuries. We also want to make ophthalmologists aware that these women are not rare and often get unrecognized.

Methods

A cross sectional study was conducted in Geta eye hospital for a period of 6 months. A questionnaire sheet was used to obtain data. Visual acuity, age, level of education, mechanism of trauma and ocular findings were noted.
Other physical injuries, history of abuse and denial of gender-based violence were also noted.

Results

The study included a total of 15 women with age range of 22 to 58 years. 60% of male partner had higher level of education compared to 33.33% of women. Ocular findings such as subconjunctival hemorrhage and ecchymosis was present in all cases; 1 case had lens dislocation, lid laceration was present in 1 case, commotion retinae and hyphemia were present in 2 cases each.
History of similar abuse was present in 4 cases (26.7%). The abuser was under the influence of alcohol in 6 cases (40%).

Conclusion

Domestic violence can lead to serious ocular injuries. Since ophthalmologists come across many of these cases as primary caregiver, a high degree of suspicion should be maintained. Since repetition of abusive history is noted in our study, ophthalmologist can not only treat ocular injuries but also lead them to a safer life.

APOTSPAF03

TRENDS OF OCULAR TRAUMA INJURIES IN HOSPITAL TENGKU AMPUAN RAHIMAH, KLANG, MALAYSIA (HTAR) DURING THE COVID-19 PANDEMIC.

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Background

The purpose of the study is to describe the trends of ocular injuries presented to Hospital Tengku Ampuan Rahimah, Klang, Malaysia (HTAR) during the COVID-19 pandemic.

Methods

A prospective analysis of all ocular trauma injuries presented to the Department of Ophthalmology, HTAR from 1st October 2021 to 31st April 2022. All ocular injury patients seen for the first time in the ophthalmology department were recruited for the study. The data of the patient's demographic profile, type of injury, source of injury, and the use of the eye-protective device (EPD) were documented using a uniform datasheet.

Results

A total of 201 patients with 225 eyes. Twenty-four patients (10.6%) had bilateral eye involvement. One-hundred-sixty-five (82.1%) were male, with a male-to-female ratio of 4.6:1. The average age of presentation was 36 years, predominantly occurring among young adults between 21 and to 30-year-old (27.9%). There were 80(39.8%) ocular trauma injuries due to motor vehicle accidents. The ocular injuries at home were 65 cases (32.3%), whilst the work-related injury was 56 cases (27.9%). Eighty-nine percent of work-related injuries reported did not use eye-protective devices during the incident. There were 11 out of 15 cases of open globe ocular

injuries that significant loss of vision during presentation. Open globe injuries commonly occurred at working place (40%) and at home (40%) settings.

Conclusion

The commonest ocular injury presented to HTAR was motor vehicle related. However, most open globe injuries happened in working areas and homes. Eye safety education and preventive measures in working place and at home are essential to prevent severe ocular injuries.

APOTSPAF04

VISUAL PATHWAY DAMAGE IN MOTOR VEHICLE ACCIDENTS

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Background

In motor vehicle accidents, traumatic brain injuries causing visual pathway injuries and vision loss besides eye movements disorders and affecting visuo-spatial function.

Methods

216 cases were examined for medicolegal assessment and report after motor vehicle accidents from January 2020 to December 2021 in this retrospective study. Details of motor vehicle accident injuries and investigations were reviewed. Visual acuity, refraction and Humphrey visual field examinations were charted together with a full ophthalmological examination.

Results

Total 193 cases (245 eyes) were found to have visual defects, out of which 101 cases (149 eyes) were related to traumatic optic neuropathy or visual pathway damage. Visual defects in 149 eyes were classified of which total vision loss were found in 49 eyes, followed by constrictions visual field in 38 eyes, classical homonymous hemianopia in 34 eyes, altitudinal defects in 14 eyes. General depression and scattered defects were seen in 9 eyes and central defects in 5 eyes.

Conclusion

Visual pathway defects associated with traumatic brain injuries are present in 60.8% of vision loss in motor vehicle accidents. All traumatic brain injuries cases should be assessed with Humphrey visual field rather than confrontation visual field only.

APOTSPAF05

A REVIEW OF VEGETATIVE TRAUMA RELATED CORNEAL ULCER IN YEAR 2018-2022 HOSPITAL SULTAN ABDUL HALIM (HSAH), KEDAH, MALAYSIA

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Background

Kedah being the rice bowl of Malaysia is known for its vast agricultural sector. This study aims to assess the demography, incidence, predisposing factors, and causative agent of vegetative trauma related cornea ulcer cases in HSAH, Kedah, Malaysia from January 2018 till June 2022.

Methods

A descriptive retrospective study was conducted among 59 patients of trauma-related cornea ulcer in Ophthalmology Department, HSAH, Kedah from January 2018 to June 2022 using HSAH Electronic Hospital Information System (EHIS).

Results

The prevalence of trauma related cornea ulcer is higher in males (n=48)81.4%, compared to females (n=11)18.6%. Majority of these trauma related corneal ulcer is vegetative in origin, (n=40)67.8%. Vegetative injuries involving wood particles shows highest percentage of corneal ulcer which is (n=12)30.0%. There is a rise in vegetative-related corneal ulcers yearly. In 2018, 52.4% of total traumatic corneal ulcer cases were related to vegetative injuries. The cases increase to 71.4% in year 2019 and 72.7% in 2020. Subsequently, for the year 2021 and 2022, 80.0% of traumatic corneal ulcers are related to vegetative injuries. Among these cases, (n=8)20.0% had positive culture yield with majority showing Pseudomonas (n=5)62.5%. Most of the patients presented with visual acuity of <3/60(40.0%), followed by 6/6-6/24(37.5%) and 6/36-3/60(22.5%).

Conclusion

The yearly rise of corneal ulcers involving vegetative trauma may be due to poor insight regarding safety precautions. However, the increase after the year 2020 might be related to the Covid-19 period where more individuals engage in do it yourself (DIY) activities at home. Public awareness on safety precautions is crucial to prevent these injuries.

COSC Oral Award Finalist

COSCOAF01

THE PSYCHOLOGICAL STATUS OF PATIENTS WITH DELAYED INTRAVITREAL TREATMENT DUE TO THE CURRENT COVID-19 PANDEMIC

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Background

Since the enforcement of the movement control order (MCO) to curb the spread of the COVID-19 infection in Malaysia, most clinic appointments were interrupted with procedures and surgeries being postponed to a later date. Moreover, it involved rescheduling of clinic appointments including the intravitreal antivascular endothelial growth factor (anti-VEGF) visits for patients with diabetic macula edema (DME). This action takes a psychological toll on patients due to the overwhelming concern of their eye condition. This study was conducted to assess the psychological status of DME patients with delayed anti-VEGF treatment during the pandemic.

Methods

A cross-sectional study was conducted from September 2020 to March 2021 in Ophthalmology Clinic Hospital Canselor Tuanku Muhriz Universiti Kebangsaan Malaysia (HCTM UKM). Subjects recruited were those diagnosed with center-involved DME aged between 20 to 70 years who experienced delayed anti-VEGF injection. Evaluation of the level of depression, anxiety and stress was assessed by DASS-21 questionnaire. Statistical analysis using Mann Whitney U test was performed to evaluate the difference of DASS-21 scores that include depression, anxiety and stress domain between patients with affected vision and those who did not. Meanwhile, the association between the presence of depression, anxiety and stress affected by treatment delay and vision affected were also analyzed using Fisher's Exact test. Statistical significance was denoted as $p < 0.05$.

Results

A total of 86 patients with median age of 69 years old involved in this study. Most subjects were Malay (n=47,54.7%) males (n=51, 59.3%), educational level up to secondary school (n=37, 43%), unemployed (n=78, 90.7%), married (n=72, 83.7%) and living with their family (n=82, 95.3%). The number of intravitreal injections received was at least thrice among the subjects (n=81, 94.2%). More than half of the patients (n=46, 53.5%) had more than 12 weeks of injection postponement. The majority of them (n=38, 44.2%) had their appointment delayed more than three times. A sum of 47 patients (54.7%) felt that their vision was affected following a delay intravitreal injection. Most of the participants did not experience depression, anxiety and stress episode. Nonetheless, there is significant high score of anxiety (p=0.029) and stress (p=0.014) in patients with affected vision due to delay treatment.

Conclusion

The level of anxiety and stress can be significant in DME patients who experienced delay in intravitreal anti-VEGF treatment. Assessment of psychosocial impacts is crucial to identify early mental health issues potentially leading to the onset of psychiatry illness, thus early intervention is indispensable.

COSCOAF02

TAWAU MASS CATARACT SURGERY INITIATIVE: A GIFT OF SIGHT DURING A PANDEMIC

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Background

To evaluate the visual outcome and complications associated with mass cataract surgery during the COVID-19 pandemic in the Eastern region of Sabah.

Methods

This is a descriptive, retrospective cross-sectional study of 166 eyes who underwent cataract surgeries during the Mass Cataract Surgery Initiative (MCSI) programme involving the district of Tawau, Kunak, Semporna and Lahad Datu in March 2022. Pre-operative visual acuities and surgical complications were recorded. The best-corrected visual acuity (BCVA) at six weeks post-operation was assessed.

Results

166 eyes underwent cataract extraction with lens implantation. Phacoemulsification was the most common method used 93.4%, followed by Small Incision Cataract Surgery (SICS) 4.2%, and Extracapsular Cataract Extraction (ECCE) 2.4%. The total percentage of patients with intra-operative complications was 9.6%. The most prevalent intra-operative complication was posterior capsule rupture (6.0%), nucleus drop (1.2%), and endophthalmitis (1.2 %). The six weeks post-operative BCVA was ranked good (6/6 - 6/18) in 96.0% of patients and borderline (6/24 – 6/60) in 2.7% of patients achieved based on World Health Organization (WHO) criteria.

Conclusion

This evaluation suggests that it is possible to obtain good visual outcomes with a low intraoperative complication rate in a well-conducted mass cataract surgery programme, simultaneously reducing the backlog of cataract cases over the pandemic. Although this programme was conducted amid a pandemic, no COVID cluster was reported.

COSCOAF03

AGE RELATED MACULAR DEGENERATION: BASELINE CHARACTERISTICS FROM MALAYSIAN REGISTRY INVESTIGATION

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On behalf of MYRIAD investigators
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[†] *Share equal amount of work*

Background

Age-related macular degeneration (AMD) is a common irreversible disease leading to vision loss. It affects millions of the elderly and represents a major global health problem. There are two main types of AMD, neovascular and non-neovascular AMD. This analysis identifies the distribution of neovascular age-related macular degeneration (nAMD) among patients receiving ranibizumab treatment.

Methods

A multicenter, prospective cohort study involving ten sites was conducted between January 2020 to March 2021. Treatment-naive nAMD patients who received ranibizumab were included in this analysis. All categorical data was presented in percentage while continuous data was in mean and standard deviation.

Results

Of the 4093 patients, we analyzed 344 eyes involvement, from 325 patients, who received ranibizumab. The mean age of nAMD patients was 68.05 ± 9.409 and males comprised 57.2%. 48.3% were Chinese, 40% Malay and 11.1% Indian. Hypertension (60.9%), followed by diabetes mellitus (40.3%) were observed among the patients. About 5.8% of patients had bilateral nAMD at treatment initiation. Most eyes (54.7%) were initiated on treatment within 14 days of diagnosis. Baseline corrected mean visual acuity (VA) was 0.91 ± 0.677 LogMAR. Baseline mean central subfield thickness was 361.07 ± 186.342µm. At baseline, subretinal fluid was the commonest OCT feature observed in 79.8% of nAMD eyes while 17.2% had subretinal fibrosis.

Conclusion

nAMD is a common macular disease affecting older people. Moderate visual impairment and substantial presence of subretinal fibrosis suggests that many nAMD eyes present late. Early detection and treatment are critical to increase chance of retaining functional vision.

COSCOAF04

CLINICAL AUDIT ON DIABETIC RETINOPATHY REFERRAL FROM PRIMARY HEALTH CARE CENTRE TO TERTIARY HOSPITAL

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Background

The prevalence of type 2 Diabetes Mellitus (DM)is increasing. It has become a global pandemic. One of the major complications of DM is diabetic retinopathy which is the leading cause of blindness in Malaysia. Early screening and detection of diabetic retinopathy can prevent blindness. This audit is conducted to demonstrate the demographic features, prevalence and severity of diabetic retinopathy among diabetic retinopathy referrals from a primary health care centre to Ophthalmology Department of a tertiary hospital in 2019.

Methodology

This audit was conducted in Ophthalmology Clinic of a tertiary hospital retrospectively. All the files for diabetic retinopathy referrals in 2019 were traced and reviewed, data were collected and analysed.

Results

A total of 133 files were reviewed. There were 133 patients with DM referred from primary health care centre to tertiary hospital in 2019. Mean age of patients were 66 years old (range 28-93 years old). Among 133 patients, 71 patients were female (53%) and 62 patients were male (47%). Malays and Chinese recorded highest percentage among the referrals, which was 52 patients (39%) and 51 patients (38%) respectively followed by Indian (30 patients, 23%). Mean duration of diabetes before referral was 12 years. Besides DM, hypertension was the commonest comorbidity (103 patients, 77%) followed by dyslipidemia (70 patients, 52%). The prevalence of diabetic retinopathy was 27% (72 eyes). 31 eyes (11.65%) were diagnosed of mild non pro-

liferative diabetic retinopathy (NPDR) while 29 eyes (10.9%) had moderate NPDR. 2 eyes (0.75%) were found to have severe NPDR. 9 eyes (3.38%) were diagnosed of proliferative diabetic retinopathy (PDR) which required pan retinal photocoagulation (PRP). There were 9 eyes (3.38%) with dense cataract causing hazy fundal view, in which diabetic retinopathy status could not be determined. 1 eye had neovascular glaucoma secondary to PDR and 2 eyes (0.75%) were diagnosed of central retina vein occlusion (CRVO).

Conclusion

Diabetic retinopathy screening should be performed in patients with type 2 DM within first year of diagnosis. Early screening and routine yearly screening is essential to prevent severe complications like neovascular glaucoma which can cause blindness.

COSCOAF05

DIABETIC MACULAR EDEMA: BASELINE CHARACTERISTICS FROM MALAYSIAN REGISTRY

Nor Fariza N[1,ŧ,*], Lathalakshmi T[1,ŧ], Nor Asiah M[2,ŧ], Navin PPN[3]

On behalf of MYRIAD investigators
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[2]Sector for Evidence Based Healthcare, National Institutes of Health
[3]Novartis Corporation (Malaysia) Sdn. Bhd
ŧ Share equal amount of work

Background

The Malaysian registry study of neovascular age-related macular degeneration (nAMD) and diabetic macular edema (DME), abbreviated MYRIAD, evaluated real world outcomes in the Malaysian public hospital setting. Here we present the baseline characteristics for DME eyes.

Methods

MYRIAD was a multicenter, prospective cohort study involving 10 sites from January 2020 to March 2021. Treatment-naive DME eyes receiving ranibizumab were included in this analysis. All categorical data was presented in percentage while continuous data was in mean and standard deviation.

Results

Of the 4093 patients, 640 eyes from 500 patients were analyzed. The mean age of DME patients was 58.08 ± 9.173 and 65% of DME patients were of Malay ethnicity, followed by Indian (21%) and Chinese (12.6%). Hypertension (73.2%) was the commonest systemic comorbidity, followed by hyperlipidemia (29.6%) and renal failure (5%). Bilateral DME was observed in 28% at treatment initiation. Baseline corrected mean visual acuity was 0.73 ± 0.482 LogMAR. Baseline mean central subfield thickness was 456.12 ± 176.877µm. At baseline, intraretinal fluid (93.8%)

was the most prevalent OCT feature observed, followed by subretinal fluid (41.9%). Subretinal fibrosis was observed in 2.4% of eyes. At baseline, proliferative diabetic retinopathy was observed in 37.7%. Severe non-proliferative diabetic retinopathy (NPDR) was present in 27.7%, moderate NPDR in 27.7% and mild NPDR in 2.3%. 2.2% had advanced diabetic eye disease.

Conclusion

MYRIAD enrolled DME patients from routine clinical practice without restriction on comorbidities unlike randomized controlled trials. The baseline data analysis may be useful to better inform DME practice.

COSCOAF06

ENDOPHTHALMITIS: A RETROSPECTIVE STUDY

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Background

Endophthalmitis is a purulent inflammation of the intraocular fluids (vitreous and aqueous) usually due to infection. Endophthalmitis can be categorised into exogenous such as post operative, corneal ulcers, trauma or endogenous where the infectious source is within the body. Visual acuity (VA) on presentation has to be accurately assessed to assist choice of treatment.

Methods

Retrospective study of endophthalmitis cases in Hospital Sultan Ismail, Johor Bahru from 1st January 2021 till 31st May 2022.

Results

A total of 13 patients were treated for endophthalmitis. Nine cases were exogenous (69.2%) with 8 from infective keratitis. Four cases (30.8%) were endogenous with all patients having Diabetes Mellitus. The most common causative organism was *Pseudomonas aeruginosa* (30.8%) followed by *Klebsiella pneumonia* (15.4%) and *Staphylococcus pneumoniae* (7.6%). Six patients (46.2%) had no growth from vitreous tap.

VA of 6 patients (46.2%) were hand movement or better. Seven patients (53.8%) had VA of light perception or worst, with it being their baseline vision for 4 (30.8%) of them. Nine patients (69.2%) were treated with intravitreal antibiotics injection, whereas 4 patients (30.8%) had evisceration. One patient (7.6%) had pars plana vitrectomy done.

Three patients (23.1%) had improvement in VA, 8 (61.5%) had no improvement and 2 (15.4%) had worsening VA post treatment.

Conclusion

Endophthalmitis is an ophthalmic emergency with guarded visual prognosis. Immediate diagnosis and intervention are essential to prevent worsening ocular and systemic complications. The mainstay treatment is intravitreal and intravenous antibiotics with consideration of vitrectomy in refractory cases.

COSC Poster Award Finalist

COSCPAF01

IMPROVING PATIENTS' COMPLIANCE FOR INTRAVITREAL INJECTION: A FULL CYCLE AUDIT

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Background

Intravitreal injections (IVT) of anti-vascular endothelial factor are standard treatment procedures in ophthalmology for many retinal diseases. We conducted a full-cycle clinical audit to evaluate patients' compliance with IVT in our department at Penang General Hospital.

Methods

Pre-audit phase comprised a three-month retrospective analysis of patients who did not turn up for IVT in the operation theatre between August to October 2019 (Pre-pandemic period), and patients' compliance rates were calculated. Our head of department set a target of a 95% patient compliance rate. A new same-day review and IVT arrangement was implemented where IVT was given in the clinic procedure room. The scheduling appointments were converted from two to single-day appointments. This interventional change was carried out from April 2020 to September 2021 (Movement control order period), and a three-month re-audit was conducted between October and December 2021.

Results

481 patients were scheduled for IVT during the pre-audit phase, and 48 did not turn up. The IVT patient compliance rate was 89.6%. Patients' default treatment includes multiple hospital visits, transportation issues, cost of transportation, loss of daily wages, and fear of hospital infection. Post-intervention, we manage to increase the number of patients receiving IVT to 895 and increase the patient compliance rate to 94.3%.

Conclusion

This new intervention not only managed to increase the number of patients receiving treatment but also improved patients' compliance with IVT. Patients benefited from reduced hospital visits, the cost of follow-up, and the risk of hospital infection.

COSCPAF02

COMPARISON OF A 9-YEAR TREND IN THE PRE-OPERATIVE VISUAL ACUITY AMONG PATIENTS PRESENTING FOR CATARACT SURGERY AT PUSAT PEMBEDAHAN KATARAK MAIWP AND SELAYANG HOSPITAL

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Background

To demonstrate the trend in the presenting visual acuity for patients presenting for cataract surgery at the cataract centre and tertiary hospital.

Methods

This is a registry review of patients who have undergone cataract surgery over a 9-year period (January 2013- December 2021) at cataract centre and tertiary hospital. Information on preoperative visual acuity, sociodemographc characteristics, ocular and systemic comorbidities were retrieved from the National Eye Database (NED) and descriptively analysed.

Results

Of the 21,520 patients studied in cataract centre, the mean age was 65.56 (± 8.74) and males were 9,911 (46.05%) whereas females were 11,609 (53.95%). In comparison to 9,956 patients studied in tertiary hospital, the mean age was 63.84 (± 13.79) with 5,021 males (50.43%) and 4,935 females (49.57%). Prior to the Covid era, the predominant visual acuity was in the moderate visual impairment (6/18-6/60) that was followed by blind (<3/60) at both centres. However, there is an increase in patients with VA of worse than 3/60 (blind) as the result of the pandemic.

Conclusion

There is an increasing trend of patients with pre-operative VA of worse than 3/60 since the Covid pandemic. This may be due to the inability to seek care earlier in view of the lockdown. Furthermore, this delayed presentation has negative implications on the mission to eliminate cataract blindness. Thus, increasing public awareness and early referral to a tertiary centre might reduce the time presentation to the eye clinic.

COSCPAF03

IMPACT OF COVID-19 PANDEMIC ON THE CATARACT SERVICES IN A DISTRICT HOSPITAL

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Background

On March 2020, COVID-19 was declared by WHO as pandemic that had significantly disrupted the healthcare system including the number of elective ophthalmic procedures conducted worldwide. This resulted in a large-scale deferment of cataract surgeries after the government recommendation to postpone all the non-essential elective surgery to minimize the virus transmission and to augment the hospital resources to cope with a surge in COVID-19 cases. This study was to assess the impact of COVID-19 pandemic on the cataract services in a district hospital.

Methods

A single-centre, retrospective study analysis of patients who underwent cataract surgery for the period between 1st January 2017 and 31st December 2021. Electronic medical records were extracted and reviewed. The study duration was further divided into three categories: pre-COVID-19 phase, lockdown phase and recovery phase.

Results

A total of 8125 eyes was included in this study. During the lockdown phase, there was a 42% decline in the number of surgeries done compared to the pre-COVID-19 phase. A higher number of patients (53.5%) presented with severe visual impairment or blindness during the lockdown phase as compared to 40.2% during the pre-COVID-19 phase. The number of lens-related complications was markedly higher (2.58%) during the lockdown phase, as compared to the pre-COVID-19 phase (0.64%). During

the end of the recovery phase studied, there was an early increment in the number of surgeries done, surpassing that of the pre-COVID-19 phases.

Conclusion

An intuitive approach and reorganization of ophthalmic care services are essential in order to lessen the backlog without causing burnout of healthcare workers.

COSCPAF04

AUDIT ON VALIDITY AND ADEQUACY OF CONSENT FORMS FOR OPHTHALMOLOGY LASER PROCEDURES IN A TERTIARY HOSPITAL

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Background

The importance of complete and valid written consent for medical procedure is indisputable. Written consent forms for ophthalmology related laser procedures were audited against guidelines regarding validity and adequacy.

Methods

The full cycle audit was carried out at a tertiary hospital providing ophthalmology service. A pre-intervention audit was performed in 2018 where consent forms of all laser procedures were reviewed. Multiple interventions were taken to improve the adherence in obtaining a valid and adequate written consent prior to the post intervention audit. Standards of practice were compared to 'Guidelines for Consent for Treatment of Patients by Registered Medical Practitioners' by Malaysian Medical Council (MMC), and 'Consent Forms in Ophthalmic Practice' by Dr. Amit Khosla.

Results

A total of 412 consent forms were reviewed in the baseline audit of 2018. Adherence to standard were 37.14%. In the post intervention audit, 256 forms were reviewed, and the adherence improved to 85.94%. Interventions taken include briefing to stakeholders, formulating a standardized risks checklist and multiple checks were done to ensure the interventions were adhered to by the doctors.

Conclusion

The significant improvement in adequacy and validity of consent taking for laser procedures showed that the interventions taken, were indeed useful. However, continuous effort in maintaining the standard is crucial for patient care and safety.

COSCPAF05

REVIEW ON CORNEAL PERFORATION AMONG MENTALLY DISABLED PATIENTS IN HOSPITAL MELAKA

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Background

Corneal perforation is an ocular emergency arising from various causes of infectious and non-infectious disease. Its management could range from temporising measures to various surgical intervention. This study was done to evaluate the causes and management of corneal perforation among mentally disabled patients in Melaka.

Methods

Retrospective review was done using the ward admission records from 2019 to 2022. Data gathered from cases with corneal perforation was reviewed.

Results

There were total of 15 patients with 8 (53.4%) males and 7 (46.6%) females. Out of these, 10(66.6%) patients are mentally disabled. Majority of the patients (73%) were more than 50 years old. The visual acuity at presentation was poorer than 3/60 in 12 (80%) patients, out of which 10 (83%) patients are mentally disabled. There was a high proportion of perforation, 12 (80%) caused by infective keratitis which is also the main cause of perforation among disabled patients. Among the mentally disabled patients, 5 patients (50%) underwent evisceration, 4 patients (40%) underwent conjunctival flap and 1 patient (10%) was managed conservatively. Comparing with the patients without disability, 2 (40%) patients underwent tectonic keratoplasty, 2(40%) patients underwent evisceration and 1(20%) patient underwent conjunctival flap.

Conclusion

People with disabilities experience worse health and poorer access to health care compared to people without disability. The presenting visual acuity in the disabled group is poorer. The main cause of corneal perforation among mentally disabled was infection and the options of treatments mainly were conjunctival flaps and evisceration.

APOTS Oral Abstracts

APOTSOP01

CANALICULAR TRAUMA MY EXPERIENCE

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Background

Canalicular rupture is very common trauma that affects the lacrimal drainage system. The mechanism could be caused by direct or indirect injury. Canalicular repair surgery should be performed immediately to prevent any further complications.

Methods

This is a descriptive observational study with patients diagnosed as canalicular rupture during period 5 years before the pandemic. Demographics data mechanism of injury, canalicular and other parts involvement, operative treatment using bicanalicular silicone tube and outcomes were evaluated. The functional success was defined as the absence of epiphora after silicone tube extubation.

Results

The study comprised 340 patients, with median age of 21 years (range 2-82 years). Males were mostly affected (80,77%). The main mechanism of injury was indirect trauma in 74,04% cases, prominently because of traffic accident. Lower canaliculus was involved in 58.65% cases. All canalicular repair was performed using bicanalicular silicone tube and no postoperative complication found in 98% patients. The functional success was achieved in 99.04% patients.

Conclusion

Canalicular rupture is more common in male and affects all ages. They are mainly affecting the lower canaliculus by indirect mechanism of injury. Canalicular repair using bicanalicular silicone tube revealed successful outcomes in most of patients, with minimal complications.

APOTSOP02

MAKE WAY FOR OPEN GLOBES

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Background

Open globe injuries (OGIs) are ophthalmic emergencies. Urgent diagnosis is pertinent with surgical management as soon as possible. Delay in surgical intervention often leads to worse outcomes with increased risk of post-operative endophthalmitis. We aim to study the time between presentation and primary repair in a multispecialty teaching institution in southeast Asia.

Methods

Retrospective cross-sectional study done in a tertiary hospital in Singapore between January 2017 to January 2022. Patients who had OGIs and had globe exploration and/or repair were included.

Results

Thirty-five patients (24 males) suffered OGIs and underwent surgical management. Seven patients who had poor pre-disposing visual acuity (VA) was excluded. Average age:43.5 years. Location of injuries: workplace 48.6%, home 28.6%, road-related 14.3% and others 8.6%. Of those who had workplace injury, 88.2% did not were protective eye gear.
Type of OGIs:48.6% had penetrating, 45.7% had globe rupture and 5.7% had perforating injuries. For available data (91.4%), the average ocular trauma score (OTS) was 61.8 (Range:27-100). Although OGIs were prioritised for early exploration with repair(P1), the average time from ophthalmologist's review to surgery was 719minutes (Range: 123-8730minutes). OTS was only documented in 62.9%. Correlation between presenting OTS and final VA was -0.750.

Conclusion

OTS was often not or incompletely calculated in some OGIs. In a multispecialty institution, especially since most OGIs may not be associated with life threatening injuries, there often is a delay in repairing them which may contribute towards limited postoperative outcomes despite best management. More should be done to reduce the time from clinical review to surgical management for these emergency cases.

APOTSOP03

PAEDIATRIC ORBITAL FRACTURES: NOT ALWAYS A TRAP

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Background

Epidemiologic reports of paediatric orbital fractures are very limited and often under-reported in literature. This paucity of data limits our understanding of common and unusual causes, presentation, its associated risk factors, management and outcomes.

Methods

A retrospective cohort study was done to analyze pediatric orbital fractures (aged 18 or under) seen in National University Hospital Singapore managed by a single surgeon over the period of 2005-2022.

Results

A total of 40 cases of paediatric orbital fractures were seen with a mean age of 12.1 years old. Majority of which occurred in males (82.5%,) and from accidents related to sports and games (47.5%). Other causes of orbital fractures include Assault (32.5%), road-traffic accidents (12.5%), and non-play related accidents (7.5%). Types of fractures: The vast majority (75%) were simple fractures while 25% were complex (ZMC,LeFort,etc). Of the simple fractures, majority (90%) were blowout fractures involving the inferior (63%), medial wall (11%), or both (18.5%). Of complex fractures, zygomaticomaxillary complex fracture was the most common (30.7%), followed by cranioorbital fractures (23%) and LeFort fractures (23%). Surgical intervention was performed in 65%, with 55% within 24 hours from injury. 88% who underwent surgery had implants, 69% of them bioresorbable. Over 90% of the patients seen improved clinically.

Conclusion

The study shows that like adult orbital fractures, pediatric orbital fractures are more common in males, associated with age (secondary school) and play activity, with blowout fractures being more common than adult fractures. Early intervention is crucial to better outcome. The study also showed the promising role of bioresorbable implants in this population.

APOTSOP04

A FIVE-YEAR RETROSPECTIVE REVIEW OF EPIDEMIOLOGICAL FACTORS AND SURGICAL OUTCOME OF OCULAR TRAUMA AT A TERTIARY HOSPITAL

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Background

The objective of this review is to study the demographic data and outcomes of the patient who presented with ocular trauma and underwent an emergency operation at a tertiary hospital.

Methods

Patients who presented from 2016 to 2021 with ocular trauma and underwent emergency operation were identified and their medical records were reviewed with respect to demographics, cause of trauma, nature of trauma, presenting visual acuity, and visual outcomes after surgery.

Results

A total of 180 eyes from 176 patients were analyzed. The majority of patients are male (85%) and are young adults from the age of 21 - 40 (46.5%). Industrial or workplace injuries are the most common cause of ocular injury (36.1%) followed by domestic household accidents (21%) and motor vehicular accidents (16.8%). 57. 3% had an open globe injury, 34.7% had an injury to their adnexa while 7.9% had a closed globe injury. Most patients with open globe injury presented with severe visual impairment (73%) and 66% of these patients still had severe visual impairment after surgery. 32% of patients who have had surgery for open globe injury had an improvement in their visual acuity. In addition, most patients with closed globe injuries or adnexal

injuries only presented with mild visual impairment, which is 60% and 78% respectively.

Conclusion

Several risk factors such as male gender, youth, and the lack of eye protection in industrial workplaces have been identified that increases the severity of eye injury and subsequently visual impairment. Targeted approaches should be taken to reduce visual morbidity.

APOTSOP05

IATROGENIC CRYSTALLINE LENS INJURY FOLLOWING INTRAVITREAL INJECTION: A QUALITY IMPROVEMENT AUDIT LOOP AT A TERTIARY CENTRE

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Background

The dramatic rise in intravitreal anti-vascular endothelial growth factor therapy (IVT) necessitates the training of medical officers (MO) to administer them due to the lack of equivalent increase in ophthalmologists to fulfill the demand. Inadvertent lens injury is a rare complication. We aim to audit the rate of iatrogenic crystalline lens injury in a high-volume MO-operated injection clinic and assess the impact of interventions on adverse events.

Methods

First phase of audit comprised a retrospective analysis of the consecutive number of IVT between January to December 2020. Outcome measures include incidence and risk factors of lens injury. Improvement intervention was implemented over 4 months with a target incidence rate set at <0.006%. A structured training programme encompassing a lecture and video on proper administration technique and a handout detailing the key-points were given. MO were guided, directly supervised and assessed by ophthalmologist and were required to complete a logbook before being sanctioned to perform IVT independently. Re-audit was done on the consecutive number of IVT between May 2021 to April 2022.

Results

Out of 1952 IVT performed by MO pre-intervention, 3 cases of iatrogenic lens injury were reported, corresponding to an incidence rate of 0.15%. One patient was uncooperative. No other risk factors were identified. Post-intervention, we achieved our target with zero injection-related lens injury out of 2118 consecutive IVT.

Conclusion

A structured training programme results in highly-skilled MO to deliver a well-rounded service that improves the quality of care and reduces the rate of adverse events in a large overburdened tertiary centre.
APOTSOP06

DEMOGRAPHIC PROFILE AND VISUAL OUTCOME OF BEAR BITE OCULAR INJURIES IN A TERTIARY CARE CENTRE OF JHARKHAND

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Background

Jharkhand, the land of forest, has its 29.6% area covered with forest with diverse flora and fauna. With the rising population the line between the humans and wildlife is breached sometimes leading to unexpected encounters with wild animals like bear. Attacks by bears are unusual and mostly defensive leading to grievous physical and psychological injury.

Method

Herein we are reporting 32 cases of bear bite leading to ocular injury over a period of 3 years *i.e.*, from July 2019 to June 2022. All patients of bear bite were duly examined and assessed for injuries and multidisciplinary approach was sorted for management.

Results

Incidence of bear bite was highest in the monsoon season in the early morning. Males were more frequent victims of mean age group 26±8.4years. Face (73%) was the most commonly affected site followed by head (68%), neck (65%), upper limb (60%) and lower limb (42%).
Lacerated wound (84%) was the most common type of injury reported in our study. Even after meticulous intervention visual outcome remains poor due to grievous nature of the wound.

Conclusion

Necessary measures need to be taken to avoid human and bear encounters by increasing awareness among the local people. Multidisciplinary approach to be sorted in cases of bear bite injuries for better outcome.

APOTSOP07

EVALUATION AND MANAGEMENT OF EYELID AND CANALICULAR INJURIES

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Purpose

To investigate the etiologic factors that cause eyelid, eyelid margin and canalicular injuries and surgical outcomes.

Methods

Medical records of 180 patients, who were admitted to the emergency department due to trauma, between 2017 and 2021 years were analysed retrospectively. The incidence and etiology of the trauma, clinical signs, visual acuity, surgical procedures and possible complications were recorded. Patients with orbital trauma, globe perforation and those with facial injuries were not included in the study. Mean follow-up period was 8 months.

Results

68 men and 12 women, with a mean age of 29.58±19.52 years were included in the study. 45% of the injuries were caused by penetrating trauma between the ages of 26-45, and 55% were caused by blunt trauma, between the ages of 1.15. Of the eyelid traumas 38.8% were work-related, 23.6% were falls, 11.3% were game injuries and 8.8% were home accidents. According to injured site 31.2% had canalicular injury with eyelid margin lacerations, 42.5% had eyelid margin injury, 13.8% had levator aponeurosis injuries, 12.5% had total eyelid avulsion. Canalicular injuries were repaired either by annular intubation with pigtail probe or the mono-canalicular intubation. In cases with tissue loss injuries, repair was performed using an advancement flap and free tarsal flap. Postoperative complications were 6.6% traumatic telecanthus, 6.6% traumatic ptosis, and 6.6% canalicular stenosis.

Conclusion

The eyelid traumas, mostly treated in the emergency room, needs a well-planned and complex treatment to achieve good cosmetic results and to reduce the possibility of postoperative anatomical and functional disorders.

APOTS Poster Abstracts

Anterior Segment (Lens, Iris, Glaucoma)

APOTSAS01

NOW YOU SEE IT, NOW YOU DON'T

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Introduction

We report a case of traumatic aniridia with subsequent unexplained disappearance of iris tissue remains and a role for conservative approach.

Report

A pseudophakic lady suffered a fall and complained of right eye pain and blurred vision. Her right vision was hand movement. She had periorbital haematoma, corneal contusion, total hyphaema and raised intraocular pressure (IOP). She was hospitalized and started on intensive topical steroids, topical and systemic anti-glaucoma medication. After three days, her vision improved with resolving hyphaema. The capsular bag-IOL complex was found intact. The entire torn iris tissue was seen clumped at the inferior AC. There was no optic nerve nor retinal involvement. She was discharged and reviewed regularly with tapering of medications. Options were discussed regarding surgical evacuation of the iris clump and iris ring implantation. Two weeks later, her vision was 6/6. There was complete resolution of the hyphaema and normalized IOP. We were surprised to find complete disappearance of the clump of iris remains. The patient was happy with her vision with no complaints of glare and declined further surgical intervention. We attribute the absence of glare to the presence of a Soemmering ring which formed a pseudo-pupil to protect her from excessive light. We postulate the reason for disappearance of the iris remains is due to ischaemic necrosis with subsequent phagocytosis by macrophages.

Conclusion

Despite the severity of the hyphaema, total aniridia, presence of the iris remains in AC and raised IOP, a conservative approach in this case resulted in a good outcome.

APOTSAS02

A SCARE FOR A WEAR: CASE SERIES ON CONTACT LENS-RELATED MICROBIAL KERATITIS

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Introduction

Contact lens-related keratitis is a preventable blinding condition and cases are on the upsurge. Contact lenses not only are nidus to bacterial infection, but also to fungal with presence of other risk factors.

Report

Three patients presented with unilateral painful red eye with photophobia and reduced vision a day after usage of contact lens. They have poor education and hygiene practice in regards to contact lenses. Topical steroids were also instilled after prescribed by general practitioners.They presented with wet-looking corneal infiltrates with ground glass appearance and large epithelial defects. Hypopyon was present in one of the patient. There were no evidence of perforation or optic neuropathy and posterior segments were normal. All three patients were treated with topical antibiotics. However, topical and systemic antifungals were added for the patient with hypopyon due to non-healing keratitis.

Conclusion

Awareness on this predicament is still lacking among our community and it should not be taken lightly. Topical steroids have its adverse effects and should only be prescribed after consultation with an ophthalmologist.

APOTSAS03

TRAUMATIC LENS SUBLUXATION WITH ANGLE RECESSION

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Introduction

Angle recession glaucoma (ARG) is a secondary open angle glaucoma that is associated with ocular trauma. Recession of the anterior chamber angle is a common slit lamp and gonioscopic finding following concussive ocular trauma. A small percentage of these people go on to develop glaucomatous optic neuropathy and vision loss days, months or even years later.

Report

An 80-year-old man presented to the eye department complaining of decreased vision in the right eye after blunt trauma to the eye. On evaluation, the vision was limited to counting fingers, lens was subluxated inferiorly with mid-dilated pupil. the intraocular pressure was normal with open angle in gonioscopy. Fundus was normal with optic disc pink and cup disc ratio of 0.3. Right eye intracapsular cataract extraction and anterior vitrectomy was done. Post operation one month, noted right eye high intraocular pressure, 3 quadrant of angle recession with open angle in gonioscopy. Right eye secondary anterior chamber intraocular lens implantation was done after the IOP was well maintained.

Conclusion

The possibility of elevated intraocular pressure due to lens dislocation or other types of secondary glaucoma should be considered after blunt ocular trauma.

APOTSAS04

BILATERAL DECREASED VISION OF "PERCEPTION OF LIGHT" CAUSED BY AIRBAG INJURY, IMPROVING TO 6/6 WITH TREATMENT

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Introduction

While airbags reduce morbidity and mortality in road traffic accidents, they can cause injuries to the eyes which can vary from lid abrasions to even bilateral blindness. We report a case of bilateral reduction of vision to perception of light due to trauma caused by airbag inflation, to whom we could ultimately restore vision of 6/6 in both eyes.

Report

A 23-year-old lady, who was wearing soft contact lenses for myopic correction, suffered airbag-associated ocular blunt trauma, causing bilateral acute drop in vision to "perception of light". In the right eye, visual impairment was due to severe traumatic corneal edema while in the left eye, it was due to severe corneal edema and traumatic cataract. There was also iridodialysis in the left eye as well as bilateral severe lid ecchymosis. With appropriate medical and surgical management over a 3-month period, both eyes regained 6/6 vision.

Conclusion

Sudden bilateral loss of vision is a rare serious physical and psychological traumatic event that can be caused by airbag injury. With appropriate and timely treatment, it may even be possible to restore vision to 6/6. Along with proper medical and surgical treatment, reassurance and compassionate care is vital in management and rehabilitation of the person.

APOTSAS05

10-YEAR REVIEW OF TRAUMATIC HYPHEMA CASES IN A TERTIARY HOSPITAL IN EAST COAST MALAYSIA

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Background

Traumatic hyphaema is a common sequela following blunt trauma. The aim of this study was to analyze the demographics, complications and visual outcome of patients presenting with traumatic hyphaema at a tertiary hospital in the East Coast of Malaysia.

Methods

Retrospective study based on medical records from 2011-2021.

Results

A total of 41 eyes from 41 patients were included in the study. Mean age of patients was 22.2 years (±15.1 SD), with 39.0% within 21–40-years. Incidence among males were higher (90.2%). Sports and recreational activities were the commonest causes (61.0 %), followed by occupational (12.2%) and domestic causes (12.2%). More than half the patients sought treatment within 24 hours of injury (56.1%). Majority of patients presented with grade 1 hyphaema (68.3%) while 2.4% came with severe hypahema (grade 4). Re-bleeding was noted in two patients, both were below 12 years old, on day three and day eleven respectively. 14.6% (n=6) of patients had presenting IOP of more than 30mmHg. Mean presenting visual acuity was 6/36 (±0.89 SD) and mean visual acuity post treatment was 6/7.5 (±0.15 SD). There was a significant difference between mean presenting visual acuity and visual outcome (p value < 0.05).

Conclusion

Despite serving mainly a rural population, sports and recreational activities remained the most common cause of traumatic hyphaema in this centre. Raising public awareness for protective eyewear should be advocated in this population.

APOTSAS06

FLOATING LENS

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Introduction

Blunt trauma to the eye results in a sudden compressive deformation of the globe that can result in damage to the lens fibers and dislocation or subluxation of the crystalline lens.

Report

A 36-year-old man presented to emergency department complaining of right ocular pain, tearing, and decrease vision after a dispenser containing pesticides exploded and splashed into his left eye. He recalls a nut from the dispenser hit his eyes as well. The pH on arrival was 7.3 and normalized after irrigation with normal saline fluid. Visual acuity was CF on left eye. Slit lamp examination revealed a well-delineated circular fluorescein-positive corneal epithelial defect associated with mild stromal edema and dislocated crystalline lens in anterior chamber. There was presence of streak of hyphaema. The Intraocular pressure was 14mmHg. Fundus examination showed commotio retinae at posterior pole. patient develop acute secondary angle closure glaucoma on post trauma day one as the IOP rise to 48mmHg. Left eye examination was unremarkable. Patient was started on IOP lowering drugs and topical antibiotic and steroid. Post trauma day two, he underwent intracapsular cataract extraction with anterior vitrectomy and anterior chamber lens implantation. The visual acuity was 6/9 at six months follow up.

Conclusion

The prognosis for patients with traumatic dislocation of the lens is good with prompt surgical treatment.

APOTSAS07

POSTERIOR CAPSULAR OPTIC CAPTURE FOR TRAUMATIC SUBLUXATED INTRAOCULAR LENS AFTER FACIAL MASSAGE

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Introduction

Intraocular lens (IOL) subluxation is relatively uncommon after uneventful cataract surgery. We report a case of subluxated IOL following a vigorous facial massage, managed successfully with the posterior capsular optic capture technique.

Report

A 68-year-old man with a history of uneventful extracapsular cataract extraction 8 years ago for phacomorphic glaucoma complained of blurred vision in his right eye two days after undergoing a facial massage. The pre-operative visual acuity was 3/60 with the IOL noted to be subluxed superiorly, with its haptics abutting the corneal endothelium. There was zonular dialysis superiorly covering approximately 2 clock hours. Patient underwent repositioning of IOL via posterior capsulotomy and optic capture technique. Postoperatively, the patient had a good recovery, attaining a visual acuity of 6/12.

Conclusion

Vigorous facial massage may result in lens subluxation via traumatic rupture of the zonules. IOL repositioning with posterior optic capture is an option for treatment of anteriorly dislocated IOLs with a stable capsular bag.

APOTSAS08

CHALLENGES IN PAEDIATRIC POST-TRAUMATIC CATARACT SURGERY: A CASE REPORT

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Introduction

Post-traumatic cataract surgery in paediatric has its own set of challenges and this arises in terms of the approach and treatment options, where each is tailored to each case.

Report

A 6-year-old boy was referred for right eye lens aspiration, 8 months post RE cornea toilet and suturing for cornea laceration with traumatic cataract. The patient underwent lens aspiration with primary posterior capsulotomy, anterior vitrectomy, and posterior capsular lens implant. The anterior capsule was compromised and absent temporal and nasally. He developed severe post-operative inflammation with high intraocular pressure and was diagnosed as Uveitis-Glaucoma-Hyphaema (UGH) syndrome. Even after treatment of oral and periocular steroids, inflammation persisted, and he underwent anterior chamber washout and explantation of intraocular lens. Unfortunately, even with adequate steroid usage inflammation was hard to control and faced the risk of long steroid usage.

Conclusion

Though the disease characteristic and the surgery done was the factor leading to the cause of inflammation, an adequate short course of topical and oral steroids should and could have controlled the inflammation. However, in this case, as the inflammation becomes refractory and the dilemma of using steroids for more than

15 days in paediatrics could lead to steroid adverse effects. Retrospectively, the surgical approach options and the possibility of prolonged steroid usage should be considered, to offer the best prognosis. Regardless, prolonged usage of steroids needs to be monitored while concurrently ruling out other possible causes of inflammation.

APOTSAS09

THE BEST TIMING FOR SURGICAL PROCEDURE IN TRAUMATIC CATARACT: EVIDENCE-BASED CASE REPORT

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Background

Cataract is estimated to occur in up to 65% of eye trauma cases and is a major cause of acute and longstanding visual loss worldwide. There is no consensus on optimal timing of cataract extraction for traumatic cataracts, while early and late cataract extraction has its own risk and benefit. This study aims to explore the timing of cataract traumatic surgery in conjunction with its outcome.

Methods

Literature search was conducted on PubMed, Cochrane, and ProQuest based on clinical query. Screening of the literature using inclusion and exclusion criteria, filtering double, and reading full text was performed. Each study was critically appraised for its validity, importance, and applicability using Oxford Centre for Evidence-Based Medicine appraisal tools.

Results

There was one randomized clinical trial comparing best-corrected visual acuity (BCVA) 6 months after surgery in early versus late cataract traumatic surgery. In group 1 (early cataract surgery in the first week after the trauma), mean BCVA was 0.12 ± 0.15 and in group 2 (from the first to second month after the trauma), mean BCVA was 0.18 ± 0.24. There was no statistically difference between two groups (p=0.22). Other complications including raised intraocular pressure, anterior chamber inflammation, posterior synechiae, and the rate of posterior capsular rupture were not different in the two groups.

Conclusion

There was no statistically difference between early versus late traumatic cataract surgery regarding post-surgical BCVA and post-operative complications. Early and late intervention could be considered equally according to the situation of each case.

APOTSAS10

PUPILLARY OPTIC CAPTURE IN TSIOL (TRANS-SCLERAL INTRAOCULAR LENS)

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Introduction

To report a case of pupillary optic capture post-trans-scleral intraocular lens (TSIOL). implantation.

Report

A 62-year-old gentleman complaining of a painful right eye and blurring of vision for 11 days. 12 years ago TSIOL was implanted with good post op vision.
On presentation, best corrected vision was 6/60 in the right eye. On examination noted optic capture with pupillary block. Intraocular pressure (IOP) was 50mmHg despite on 4 anti-glaucoma eyedrops and acetazolamide. Fundus examination showed a pink disc with CDR of 0.3 and surrounding cotton wool spots. Our diagnosis was right eye pupillary block glaucoma secondary to TSIOL optic capture and impending central retinal vein occlusion. PI was done and IOP return to normal range, with resolution of iris capture.
On the same evening, recurrent optic capture occurred but IOP remained within normal range with 3 topical anti-glaucoma. We then proceeded with IOL repositioning under local anesthesia. Post operatively optic capture was resolved, IOL was stable with good vision and normal IOP.

Conclusion

In our case report we recommend prophylactic PI in all cases of TSIOL fixation to prevent pupillary capture and its potential sight blinding sequalae.

APOTSAS11

BLUNT TRAUMA RESULTS IN ANTERIOR AND POSTERIOR SEGMENT INJURIES

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Introduction

Ocular trauma is a common ophthalmic emergency. This is a case report of ocular blunt trauma with various intraocular injuries involving the anterior and posterior segment.

Report

A 46-year-old male prisoner allegedly kicked into the right eye by a fellow inmate. Post trauma, he developed pain in the right eye with visual loss. Examination of the left eye was normal, and the right eye had hand motion (HM) vision. Right eye intraocular pressure (IOP) was 36mmHg with cornea oedema. The anterior chamber (AC) was shallow with presence of subluxated lens temporally. There was hyphaema and vitreous prolapse in AC associated with iridodialysis from 2 to 8 o'clock position. Right eye fundus view was poor due to vitreous hemorrhage, however B-scan revealed flat retina. A combined pars plana lensectomy, iridoplasty, scleral fixation of intraocular lens, vitreous clearance was performed. Intraoperatively, there was a retinal dialysis at 1-3 clock hour with shallow retina detachment seen superiorly. Cryoretinopexy was performed and retina was tamponade with perfluoropropane (C3F8) 12% gas. His right eye IOP persistently remained high post-operatively with gonioscopy showing angle recession. He underwent transscleral cyclophotocoagulation. At final follow-up, his visual acuity was counting fingers with IOP of 26mmHg.

Conclusion

Blunt trauma can cause devastating damage to various vital intraocular structures. Vision restoration is sometimes unattainable despite intensive treatment.

APOTSAS12

VALSALVA MANEUVER TRAUMATIZED A POST-OPERATIVE IRIS DURING FALL IN OBSTRUCTIVE SLEEP APNEA PATIENT

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Introduction

To report a case of post-fall iris prolapse post phacoemulsification due to valsalva maneuver in an obese patient with severe Obstructive Sleep Apnea (OSA) on Continuous Positive Airway Pressure (CPAP) therapy.

Report

A 56-year-old Chinese man with obesity, end stage renal failure, bilateral glaucoma suspect and severe OSA on CPAP therapy who had undergone unremarkable right eye (RE) phacoemulsification and intraocular lens implantation through temporal corneal main wound 1 month ago. He presented with RE redness for one day after having a fall from bed while sleeping at night. During the fall, the posterior head hit on the floor with no direct trauma to the eye. He had no reduced vision. On examination, both eyes visual acuity was 6/6. RE examination revealed a peak pupil at 9 o'clock with a shallow anterior chamber and iris prolapse through the temporal corneal main wound. Left eye anterior segment examination was unremarkable. No evidence of optic nerve dysfunction. RE iris repositioning with corneal toilet and suturing were done successfully.

Conclusion

A patient who is obese and has severe OSA with CPAP therapy has a more forceful Valsalva maneuver during a fall from height. Valsalva maneuvers can cause sudden elevation of intraocular pressure (IOP) and could result in the opening of

the sutureless corneal wound and iris prolapse, especially in the temporal corneal wound that is not always covered by the eyelids. Stromal hydration may not be enough to withstand this increase in IOP and a suture over the corneal wound is necessary.

APOTSAS13

LEFT EYE TRAUMATIC EIGHT BALL HYPHAEMA IN PAEDIATRICS

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Introduction

Ocular blunt trauma is a common injury in paediatrics age group and may result in significant acquired visual loss. Hyphaema is a common ocular presentation and it could be associated with several visual threatening complications.

Report

An 8-year old boy sustained blunt trauma to the left eye after being hit by a shuttlecock two days prior to presentation. Visual acuity (VA) of the left eye was no perception of light (NPL) and reverse relative afferent pupillary defect (RAPD) was negative. Further clinical examination revealed a traumatic left eye total hyphaema which later clotted and became eight ball hyphaema. Despite maximum topical and systemic antiglaucoma, IOP was still uncontrolled and cornea staining occurred. Therefore, anterior chamber (AC) washout was performed under general anaesthesia with the aim to reduce IOP and improve the cornea staining. Intraoperative findings revealed cornea endothelial staining involving central and paracentral cornea with fibrin and anterior capsular cataract involving visual axis. Postoperatively, VA had improved as cornea was cleared and IOP normalize.

Conclusion

Paediatric traumatic hyphaema can be complicated with endothelial staining, high IOP, traumatic cataract and optic neuropathy. In this case, early surgical intervention had improved the patient's visual potential and avoid blinding complications.

APOTSAS14

INTRALENTICULAR FOREIGN BODY: A CASE REPORT

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Introduction

Intralenticular foreign bodies are rare. We report a case where an intralenticular foreign body was only detected via computed tomography. The patient underwent lens extraction with the removal of a foreign body and ended up with a good visual outcome.

Report

A 51-year-old gentleman with no known medical illness, was referred by a primary clinic for alleged metallic foreign body entering the right eye while grinding a metal four days prior. Upon examination, his visual acuity was right eye 6/30 (PH 6/12) and left eye 6/6. There was a self-sealed corneal laceration wound with an embedded metallic foreign body at para-central 5 o'clock of the right cornea. The anterior chamber was deep with cells of 2+. There was posterior synechiae formation with traumatic cataract seen. Gonioscopy and fundus examination was unremarkable. B-scan did not show any hyperechoic lesion or loculation. Urgent CT scan orbit showed the presence of a hyperdensity lesion in the lens suggestive of intralenticular metallic foreign body. He then underwent RE phacoemulsification with intraocular lens, removal of intralenticular and corneal foreign body, and corneal suturing. CT scan repeated post-operatively did not show any more hyperdense foreign body. Four months post-surgery, patient achieved good visual outcome with final BCVA of 6/7.5.

Conclusion

Workplace injury especially penetrating eye injury can be devastating and lead to severe morbidity for the patient. Prompt diagnosis and early management are crucial in managing this type of injury, and whenever there is doubt, an imaging test will be helpful.

APOTSAS15

AN INTRIGUING CASE OF TRAUMATIC PHACOCELE

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Introduction

To report a rare case of traumatic phacocele following blunt trauma.

Report

A 74-year-old gentleman with diabetes mellitus, hypertension, atrial fibrillation and chronic obstructive pulmonary disease, presented with sudden loss of vision over the right eye (RE) following motor vehicle accident.

Upon presentation, visual acuity over RE was no light perception and left eye was 6/9, with positive relative afferent defect over RE. Anterior segment examination of RE revealed a smooth, firm globular mass located at subconjunctival space superiorly near the limbus. Ocular motility was restricted due to severe chemosis. There was a streak of hyphaema, pupil was eccentric and displaced superiorly. Intraocular pressure was 6mmHg. Fundus examination of RE showed vitreous hemorrhage with hazy view and further examination with B-scan ultrasonography revealed flat retina with vitreous hemorrhage and absence of lens spike. A well-defined hypoechoic mass was demonstrated over the superior subconjunctival space. Computed tomography scan of the right orbit revealed the presence of lens material superiorly at subconjunctival space and emphysema in the anterior chamber which confirmed the diagnosis of traumatic phacocele with anterior scleral rupture.
Surgical exploration under general anaesthesia was planned which required a high-risk consent with intensive care unit backup in view of his multiple comorbidities. Unfortunately, the patient refused any surgical intervention. This patient was followed up as outpatient in clinic and his best-corrected visual acuity was 2/60 post trauma 2 months.

Conclusion

A finding of subconjunctival mass with hypotony following trauma should prompt a high suspicion of phacocele with occult perforation.

APOTSAS16

TRAUMATIC EXPULSIVE IRIDODIALYSIS - A CASE SERIES

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Introduction

Traumatic aniridia is a partial or complete absence of iris tissue that commonly occurs following open globe injury, frequently associated with the expulsion of crystalline lens or intraocular lens along with other ocular injuries. We report various presentations & challenges in managing complicated three consecutives traumatic total aniridia.

Report

We present 3 complex cases of traumatic total aniridia which had primary ocular repair to restore globe integrity. First case presented with total aniridia following blunt trauma with dehiscence of extracapsular cataract extraction wound and expulsion of intraocular lens implant complicated with hemorrhagic choroidal detachment. He had retina detachment two weeks post trauma and then proceeded with vitrectomy and gas tamponade. Post-operatively, retina was reattached and temporary raised intra-ocular pressure was managed medically with antiglaucoma treatment but he had persistent cornea edema with dehaemoglobinized RBC in anterior chamber. Second case was due to penetrating injury by a broken spectacle lens causing expulsion of crystalline lens without media opacity and complicated with choroidal detachment which clears spontaneously. The third patient sustained a more extensive eye injury following a scissor penetrating the eye with complex cornea-scleral laceration associated with cataractous lens, hyphaema & vitreous hemorrhage following which lens aspiration and trans plana vitrectomy were performed.

Conclusion

Traumatic expulsive iridodialysis due to globe rupture has been well described with varied outcome depending on the extent of ocular injuries. Management can be challenging and commonly requiring staged procedures such as restoring the globe integrity following management of complications and finally restoring the best visual acuity for patient.

APOTSAS17

DECOMPRESSIVE RETINOPATHY AFTER PHACOEMULSIFICATION FOR TRAUMATIC CATARACT WITH PUPILLARY BLOCK

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Introduction

Blunt trauma may cause traumatic cataracts severe enough to cause pupillary block. A coup-countercoup mechanism may also result secondary angle closure, raised IOP (intraocular pressure). Therapies are to relieve narrow lens-iris apposition/ secondary angle closure by cataract surgery. However, sudden reduction of IOP may result in extensive retinal haemorrhages as the globe decompresses. Nevertheless, 85% decompression retinopathy have no complaint. We present a case of decompression retinopathy after phacoemulsification.

Case report

A 47-year-old man who works as a wallpaper assembler was hit by his own hand while working. He had hazy vision. Initial visit revealed high IOP treated with 3 topical antiglaucoma. A month later, the patient was referred and his VA (visual acuity) at presentation was 3/60, IOP of 40 mmHg and closed angle. The anterior chamber was shallow with stellate cataract. The cup to disc ratio was 0.3. IOP prior to surgery was 40. The cataract surgery was uneventful. Postoperatively, IOP remained high and decompression retinopathy was seen. He underwent augmented trabeculectomy to further control IOP. Decompression retinopathy resolved without significant visual loss. VA at final follow-up was 6/18 with IOP of 12.

Result

Risk of developing decompression retinopathy is exist particularly when IOP isn't adequately lowered prior to surgery. It occurs when sudden reduction of IOP causes rupture of the retinal vasculature, especially when autoregulation of these vessels is defective.

Conclusion

IOP should be sufficiently reduced prior to surgery to prevent decompression retinopathy or more sinister complications (suprachoroidal haemorrhage). Reducing the IOP in a stepwise manner is essential.

Eyelid & Lacrimal Periocular Trauma

APOTSEL01

RECONSTRUCTION OF TRAUMATIC UPPER EYELID AVULSION WITH MODIFIED CUTLER-BEARD PROCEDURE USING AUTOGENOUS AURICULAR CARTILAGE

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Introduction

Reconstruction of full-thickness upper eyelid defects for optimal cosmetic and functional outcomes is challenging. The goal of the treatment is to restore normal anatomy, functional and cosmetic appearance of the eyelid. The modified Cutler-Beard procedure has been advocated for the repair of large upper eyelid defects. The material used to restore stability of upper lid flap is important to the functionality of the eye.

Report

A 45-year-old gentleman presented to Emergency Department with left upper eyelid avulsion with tissue loss. He was allegedly assaulted with wine bottle. On examination, visual acuity for both eyes was 6/6 and the globe was intact. Relative afferent pupillary defect (RAPD) was negative and extraocular muscle movements were full for both eyes. Approximately, more than 50% length of the left upper eyelid full-thickness defect seen extending from the middle up to the lateral canthus with lid margin and tissue loss. Lower eyelid was not involved. Anterior segment and fundus examination were normal. The fellow eye was normal. Computed tomography imaging revealed no foreign body in the orbit or orbital wall fracture. He underwent left eyelid reconstructive surgery using modified Cutler-Beard flap with auricular graft. The second stage procedure was done 4 weeks later.

Conclusion

Modified Cutler-Beard technique with auricular graft is an effective procedure for full-thickness upper eyelid defect. The outcome of surgery is good with full restoration of eyelid anatomy, function, and cosmesis.

APOTSEL02

CICATRICIAL ECTROPION: A TALE OF HOW AN ARM CAN SAVE AN EYE

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Introduction

Cicatricial ectropion is a known long-term sequalae of eyelid trauma, albeit how superficial the trauma may be. However, correcting a cicatricial ectropion, especially one with hypertrophic scarring still poses a challenge to ophthalmologists and oculoplastic surgeons worldwide.

Report

A healthy 23-year-old gentleman sustained deep right upper lid abrasion wounds from a motor vehicle accident. He was seen at another facility and had temporary tarsorrhaphy done but nothing else. He sought second opinion at our centre 2 years later. Upon presentation, right visual acuity was 3/60 and 6/10 on the left. He had a large hypertrophic scar affecting the whole right upper eyelid, extending down the medial border of the nose, causing cicatricial ectropion and lagophthalmos. He had pseudopterygium and central corneal scarring with punctate epithelial erosions. His fundus was otherwise normal. He underwent right upper lid scar removal with skin graft from left upper arm. Post operatively, he required subcutaneous 5-fluorouracil injections to negate the effects of secondary contracture. 3-weeks postoperatively, the graft was well taken with minimal remaining contracture at the nasal area. Since lagophthalmos was much reduced, his ocular surface condition and thus visual acuity improved tremendously to 6/12. He is still under follow-up, pending further 5-fluorouracil injections and further surgical intervention to restore functional and aesthetic appearance.

Conclusion

Primary surgical correction is crucial to prevent traumatic eyelid complications such as this case. Oculoplastic intervention not only helped this patient from an aesthetic standpoint, but also alleviate symptoms of ocular surface disease and resultantly improve vision.

APOTSEL03

PENETRATING EYELID AND CHEEK INJURY CAUSED BY TREBLE FISH HOOKS: A CASE REPORT

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Introduction

To report a case of penetrating eyelid and cheek injury caused by treble fishhooks.

Report

A 36 year-old gentleman presented to us with treble fishhooks embedded in his right upper eyelid and right cheek. He sustained the injury while fishing with his friend. They cut the fishing line and attempt to remove the treble hooks however unsuccessful. Upon presentation, patient was stable with vision of 6/6 over bilateral eyes. There was 1 treble fishhook measured about 3cm which its 2 smaller barb hooks penetrated the right upper eyelid with no exit points seen. The lid margin was intact. The patient was still able to open and close the eyelid spontaneously. Another 1 treble fishhook about the same size with its 1 smaller barb hook embedded in the right upper cheek. The skull and orbit xrays revealed the fishhooks located in the soft tissues area only around the eye, not involving the globe nor the bone structures. The hooks were successfully removed under local anaesthesia by extending the wound horizontally and the barbed carefully disengaged and backed out of the skin along the entry path. Post procedures, the wound well healed and left only minimal scar.

Conclusion

The injuries caused by fishhooks are dangerous. Thorough examination and careful extraction must be properly performed to prevent further injury and complication to patient.

APOTSEL04

PRIMARY CANALIZATION IN TRAUMATIC CANALICULAR LACERATION

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Introduction

The risk of epiphora in traumatic canalicular laceration could be reduced by proper reposition of the anatomical structure to maintain the function of the lacrimal canal. The right time to place a stent is one of the key to achieve this goal.

Report

A 23-year-old lady, who was wearing soft contact lenses for myopic correction, suffered airbag-associated ocular blunt trauma, causing bilateral acute drop in vision to “perception of light”. In the right eye, visual impairment was due to severe traumatic corneal edema while in the left eye, it was due to severe corneal edema and traumatic cataract. There was also iridodialysis in the left eye as well as bilateral severe lid ecchymosis. With appropriate medical and surgical management over a 3-month period, both eyes regained 6/6 vision.

Conclusion

Sudden bilateral loss of vision is a rare serious physical and psychological traumatic event that can be caused by airbag injury. With appropriate and timely treatment, it may even be possible to restore vision to 6/6. Along with proper medical and surgical treatment, reassurance and compassionate care is vital in management and rehabilitation of the person.

APOTSEL05

FIBROTIC CHANGES FROM CANALICULAR TRAUMA DUE TO DELAYED MANAGEMENT: A CASE REPORT

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Introduction

Canalicular trauma commonly regarded as an ocular emergency, caused by trauma on eyelids and periorbital area. The incidence has been reported in all age groups, predominantly males, and frequently involves lower canaliculus. The canaliculus can undergo stenosis, causing lacrimal drainage dysfunction with epiphora, if managed inappropriately. We reported a case of fibrotic changes resulting in canalicular trauma due to delayed management.

Report

A 35-years-old man came with chief complaint of pain due to lacerated wound in the upper right eyelids and epiphora for 3 days. Past ocular history was absent. Previously, 2 weeks ago, the patient suffered a laceration wound in his right eye after he accidentally hit a tree branch. The patient was treated at the clinic to stop the bleeding but was not treated further. Visual acuity was not impaired. Slit-lamp examination revealed fibrosis over the punctum on the upper eyelid measured at 3 mm x 1 mm on the right eye. Upon exploration, we discovered scar involving superior right canaliculi. Lacrimal probing revealed mild resistance. The patient was diagnosed with secondary wound healing on upper eyelid with history of full thickness eyelid laceration and canalicular rupture of the right eye. Patient underwent the canalicular repair under general anesthesia.

Conclusion

Canalicular trauma requires early intervention (within 48 h) to restore canalicular anatomy and function. Fibrotic changes in this case were due to delayed management.

APOTSEL06

DON'T SWING THE WRONG WAY!

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Introduction

Eyelid trauma secondary to baby swing's hook remain prevalent in Malaysia. The injury ranges from simple abrasion to devastating laceration. Proper primary eyelid suturing is important to restore the normal anatomy and avoid complicated sequalae.

Report

We are reporting on 2 comparable cases of upper eyelid full thickness lacerations secondary to baby swing's hook injury in paediatric patients. Both cases undergone primary eyelid suturing within 24 hours of injury, done by different ophthalmologist with a less favourable surgical outcome in one case. First case was a 9-year old girl who was sutured without oculoplastic consultation and she developed severe cicatricial ectropion likely secondary to anterior and middle lamellar shortening. She undergone several ectropion corrective surgeries and ended up needing a skin graft in the future. She had exposure keratopathy and subsequently reduced vision due to the sequelae. The second case was a 12-year old boy whom had the primary suturing with an oculoplastic consultation. He healed well except for the anticipated mechanical ptosis. He undergone ptosis correction via levator advancement technique 6 months post trauma successfully and no further surgical intervention was needed.

Conclusion

We illustrate the importance of good and correct surgical techniques in seemingly benign eyelid lacerations cases. A proper correction would save patients from undergoing multiple surgeries and the stress that come with it.

APOTSEL07

ACQUIRED CONJUNCTIVAL INCLUSION CYST FOLLOWING MULTIPLE EYELID SURGERIES POST TRAUMA

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Introduction

Conjunctival inclusion cysts are slow growing, benign lesions that can be congenital or acquired due to surgery or trauma. We report a case of an acquired conjunctival inclusion cyst following multiple eyelid surgeries.

Report

A 6 years old boy was referred to the oculoplastic department with the complaint of swelling over the right upper eyelid and cosmetic concern following multiple complicated surgeries to the right upper eyelid. One month prior, he sustained a traumatic laceration to the right upper eyelid after getting pierced by a metal hook attached to a cradle.

He first underwent right upper eyelid toilet and suturing on post trauma day one, followed by refashioning on day three. Subsequently, he developed a granuloma and underwent a third surgery for excision and refashioning of the upper lid again. Unfortunately, his wound healed poorly with dense scar tissue, mechanical ptosis and irregular lamellar surface.

Under oculoplastic, a right eye ptosis repair with resuturing of upper eyelid was done. Intraoperatively, a conjunctival inclusion cyst measuring 4mm was excised subcutaneously with intact capsule in the medial segment of upper eyelid. Mini-monoka was used to intubate the lacerated upper punctum and canaliculi.

Post operatively, he still had ptosis with high brow position and frontalis over action. However, his visual acuity improved from 6/9 to 6/6 on right eye following a mild resolution of ptosis.

Conclusion

The complications of conjunctiva cyst following eyelid repair can be avoided with proper surgical technique during the primary repair. This can be achieved with good knowledge of eyelid anatomy thus minimizing complications and reducing the need of multiple surgeries.

APOTSEL08

"OUCH! MY FRIEND FISHED MY EYE!"

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Introduction

Ocular penetrating injury can result in serious vision loss or extensive damage to ocular structure. We are presenting a case report of a fortunate patient who nearly missed serious consequences from penetrating fishhook injury.

Report

A 14-year-old boy presented with an injury to his right eye during a fishing trip with his friends. While his friend was throwing the line, the fish hook flew to the patient's right eye and pierced the right upper eyelid. There was no other associated ocular injury from initial limited assessment. During examination under anaesthesia, noted there was no scleral or corneal involvement. The fishhook was safely removed using the "back-out" or retrograde technique. The orbicularis oculi muscle fibers which were trapped between the fishhook barb was successfully released using St. Martin forceps. Systemic antibiotic cover and intramuscular anti-tetanus toxoid were administered. Visual acuity postoperatively was 6/9 and he recovered fully without any complications.

Conclusion

Ocular fishhook injuries are uncommon, but they can cause potentially blinding sequelae. It is important to remove the fishhook in the correct way to prevent further damage to the eyelid. Types and position of objects are factors to be considered in selecting the proper method for removal.

APOTSEL09

TARSOCONJUNCTIVAL GRAFT AND ROTATIONAL FLAP REPAIR AFTER TRAUMATIC LARGE UPPER EYELID AVULSION: A SURGICAL CHALLENGE

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Introduction

Management of large full-thickness defects of the upper eyelid presents a surgical challenge due to the multi-laminar character of the eyelid and its dynamic function. The most commonly used method is the Cutler-Beard flap, but the use of a posterior lamellar graft and recent modifications may reduce complications.

Report

A 43-year-old man came to emergency ward after suffering from a traffic accident, presented with a full-thickness laceration involving lid margin, along with an approximately 60% avulsion on one-third medial of his left upper eyelid, traumatic ptosis was also found. Due to the large size of the affected area and consideration of faster wound healing, we harvested a free tarsoconjunctival graft from his fellow eye to replace the posterior lamellar and we closed the defect with a rotational flap from the remaining skin of his upper eyelid. This method of free graft provided an ideal posterior lamellar replacement, with an adequate cosmetic result. Eyelid swelling and corneal abrasion were found after the follow-up but resolved quickly with the proper management. However, temporary visual obstruction due to traumatic ptosis might warrant an observation for a second procedure.

Conclusion

Tarsoconjunctival grafts can provide both structural support and mucosal lining to replace posterior lamellar defects after a traumatic avulsion. This technique can be an alternative to the more common Cutler-Beard flap with mild complications. But temporary visual obstruction cannot be avoided due to traumatic ptosis complication of this patient.

APOTSEL10

TRAUMATIC NASOLACRIMAL DUCT OBSTRUCTION FOLLOWING MAXILLOFACIAL IMPLANTS: MANAGING THE AFTERMATH

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Introduction

Traumatic nasolacrimal duct obstruction (NLDO) is a common cause of epiphora. However, maxillofacial hardware-induced Secondary Acquired Nasolacrimal Duct Obstruction (SALDO) is underreported.

Report

Retrospective, interventional case review of three patients, diagnosed as Traumatic SALDO, having undergone primary maxillofacial repair elsewhere, presenting at our tertiary eyecare centre, between January - June 2022.

Cases 1 and 2, both 25-year-old males, developed unilateral epiphora following road-traffic accident. Case 3, 73-year female, developed bilateral epiphora 4 years following wooden-stick injury. All patients presented with discharge, telecanthus, and depressed nasal bridge and had associated residual facial fractures, naso-orbito-ethmoid, floor as well as medial orbital wall fractures. Intra-operative findings corroborated with Computed Tomography-Dacryocystography (CT-DCG) in all cases.

CT-DCG in Case 1 revealed plates and screw covering the dilated sac a part of which, was projecting into the ipsilateral nostril. A successful combined external and endoscopic retrieval of screw was thus, performed along with external dacryocystorhinostomy. Case 2 had grossly shrunken, fibrosed, inferior displaced sac with screw piercing through it, warranting dacryocystectomy. Case 3 had dilated, superiorly displaced sac with damaged cribriform plate associated with cerebral tissue herniation, and hence, a cautious dacryocystectomy was performed. At 1-month follow-up period, none had active discharge.

Conclusion

This study highlights the role of CT-DCG in delineating anatomical relationship of lacrimal drainage system with respect to surrounding structures, facilitating surgical planning as well as anticipating intraoperative challenges. It also signifies importance of interprofessional coordination between oculoplastic and maxillofacial surgeon to avoid lacrimal trauma during maxillofacial repair.

Globe Trauma: Cornea/Ocular Surface

APOTSGT01

WHEN FIREWORKS LIGHT UP IN YOUR EYES

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Introduction

Fireworks used in celebratory occasions can be catastrophic at times. Approximately 16% of firework injuries involve the eye(s), with 99% resulted from consumer-grade and homemade fireworks.

Report

A healthy 28-year-old gentleman presented on Hari Raya with alleged firework blast injury to his face. The firework was described as an expired mortar which failed to ignite initially but exploded suddenly as he was inspecting it.

Upon assessment, his airway, breathing, and circulation was clear. There was a left forehead laceration wound with orbital roof step deformity. His eyelashes were scorched with second degree burn tattooed all over his face. Vision was reduced over the left (HM) compared to right (6/18) with negative RAPD. Multiple foreign bodies were found embedded at different depths of conjunctiva and cornea, accompanied by significant left cornea edema. Left eye fundus view was hazy. B scan done revealed vitreous hemorrhage but otherwise flat retina.

CT imaging showed hyperdense superficial foreign body anteriorly with no intraocular foreign body. Examination under anesthesia revealed no limbal ischemia nor penetrative wound. Conjunctival debridement, corneal and conjunctival foreign bodies removal as well as corneal suturing were done. Post-operatively, he was treated with topical steroids, cycloplegic and antibiotics for bilateral thermal injury.

Other injuries sustained were multiple orbital wall and comminuted frontal bone fracture which was co-managed with neurosurgery, otolaryngology, and oral and maxillofacial surgery teams.

Conclusion

Preventative measures such as safety goggles are important. As dazzling as it seems, fireworks injury can be devastating, and it is always more beautiful from a distance.

APOTSGT02

OPEN BURNING: DISASTER TO EARTH, DISASTER TO EYES

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Introduction

Open burning is a dangerous activity which can damage the environment and cause explosions which can result in life and sight threatening injuries. Ocular injuries occurred in 28% of blast survivors and caused significant ocular morbidity.

Report

A 13-year-old boy presented to emergency department after a blast injury while burning waste at home. He complained of right facial pain and reduced vision in both eyes. Physical examinations revealed second degree burn over right face and first degree burn over bilateral periorbital region. For ocular examinations, patient has right upper and lower lid laceration. His right visual acuity was perception to light and left was 6/12.
Right anterior segment showed conjunctival chemosis, corneal burn at visual axis with epithelial defect and limbal ischemia from 7-11 o'clock. Left anterior segment showed corneal burn at visual axis and limbal ischemia from 7-10 o'clock. Both eyes fundus views were hazy and B scans were unremarkable.
Bilateral eyes irrigation with copious amount of normal saline solution was done and pH was tested to be 7 before examinations were performed. Lid toilet and suturing was done in emergency department. Patient was admitted and started with topical steroids, antibiotics, lubricants and oral vitamin C. One week later, his right vision improved to 6/24 and left eye improved to 6/9. Bilateral eyes corneal burns were reduced and epithelial defects were healed.

Conclusion

Blast injury to the eye may be devastating. Public awareness on the dangers of open burning is vital to prevent life and sight threatening complications.

APOTSGT03

PENETRATING INJURY IN A BRITTLE CORNEA: A CHALLENGING CASE

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Introduction

Brittle cornea syndrome is an uncommon disease, sometimes only being diagnosed following an attempt to repair a perforated cornea. Trauma to the cornea might only be a trivial one. This is a case report of penetrating injury involving a brittle cornea.

Report

A healthy 28-years-old gentleman presented with an alleged fall from motorcycle and hit his left eye (LE) with a sharp leaf. He experienced LE pain, redness, and blurring of vision. Visual acuity in the right eye was 6/12 and counting fingers in the LE.

There was a full thickness left corneal laceration with corneal tissue loss. The iris was prolapsed, and the eyeball was very soft. The right cornea had thin central thickness with keratoconus.

Patient underwent left cornea suturing and antibiotics injection. Post-operative, there was a wound leaked and the anterior chamber (AC) was not well-formed. He then underwent a second surgery, but the result was still unsatisfactory.

He was then referred to tertiary centre. On the third surgical attempt, the cornea was very brittle, collapsed AC with iridocorneal touch. Another 2 long sutures added, followed by abundant glue placed to seal the cornea, and AC reformed by injecting air.

AC was maintained for 2 days before collapsing. Repeated air injections were needed as AC keep on collapsing. Patient was referred to cornea centre for penetrating keratoplasty.

Conclusion

Brittle cornea syndrome is a rare condition and seldom missed. The brittle cornea may lead to extensive injury in trauma cases. Management may be very challenging. Most patients end-up with penetrating keratoplasty.

APOTSGT04

A CHEAP BLUE FILTERED TORCHLIGHT EFFICIENTLY DETECTS CORNEAL EPITHELIAL DEFECT AND AQUEOUS LEAK

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Introduction

To demonstrate an innovation of an alternative method to detect corneal epithelial defect and aqueous leak just by using a cheap blue filter torchlight in district and peripheral centre. Not all peripheral centre and district hospital has a cobalt blue light to detect efficiently corneal abrasion and aqueous leak. Physicians tend to face difficulties to check patient's eye in emergency department and wards. We come out with a solution by discovering a handy blue filtered torchlight from online shopping that is used for fishing. Interestingly, the cost is just as cheap as Rm15.

Report

Corneal abrasion and aqueous leak can well be demonstrated by using this blue filter torchlight. Here we demonstrate 3 cases respectively, a dendritic keratitis, an exposure keratopathy and an aqueous leak from ocular trauma. No obvious superiority of cobalt blue light from slit lamp and BIO (Binocular Indirect Ophthalmoscope) to compare with this handy and small blue filtered torch light to detect and aid management of above cases.

Conclusion

This is a good discovery as corneal epithelial defect and aqueous leak can be well detected using non-medical blue filtered light torch. It is low cost and easily purchasable. We strongly recommend our colleague to practise it in district hospitals and Klinik Kesihatan.

Conflict of Interest

There is no conflict of interest in this case series and we never represent retailers in marketing of this product.

APOTSGT05

INTRAOCULAR FOREIGN BODY – A DEADLY MISS

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Introduction

Intraocular foreign body injuries require urgent diagnosis and removal to prevent blindness and globe loss. It is mostly suspected in injuries from projectiles objects.

Report

A 38-year-old gentleman who worked in logging industry came with history of being hit by a wire over his right eye while pulling logs with it. Post trauma, he sustained severe eye pain with loss of vision. Examination showed right eye visual acuity of perception of light, conjunctival chemosis with temporal conjunctival laceration, a 3 mm peripheral corneal laceration from 8-10 o'clock, hypopyon, severe corneal edema and severe anterior chamber (AC) reaction causing obscuration of lens and iris details. B scan showed vitreous opacity. Emergency corneal and conjunctival suturing with intravitreal antibiotics were done. Post-surgery, his condition worsened with opaque cornea, severe pain, conjunctival chemosis and proptosis, causing him unable to close his eye. Urgent orbital computed tomography (CT) showed intraocular foreign body which was missed during initial assessment. He was referred to another centre with vitreoretinal service for preservation of globe structure, however he refused due to financial reason thus opted for evisceration. During evisceration, noted there was a small scleral laceration 3 mm from temporal limbus which was the entry point. A rusted 1.6cm metal wire removed together with about 4 ml pus from vitreous cavity.

Conclusion

It is imperative that imaging examinations done during initial assessment of traumatic eye injury especially if the history involved flying or high velocity objects.

APOTSGT06

A CHILD ESCAPED BLINDNESS FROM HIS OWN PET SCRATCHES

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Introduction

We heard many cases of pets throwing tantrum and attack their owner. Here we are reporting a case of a cat inflicted corneal injury.

Report

We received a distress call from the Emergency department referring a 4-year-old boy who was scratched by his own cat. He complained severe pain on his right eye. Upon reviewing the patient, we discovered a vertical deep full thickness corneal wound with iris prolapse and peaked pupil. Seidel's Test was positive. IV Ciprofloxacin had started and subsequently he was immediately brought to operation theatre for emergency examination under anaesthesia and cornea suturing. The prolapsed iris was swiped in and cornea was sutured. Fortunately, the sclera and central cornea are unharmed. Anterior capsule looks intact centrally, but periphery status is unseen as it is covered by iris.

During immediate postoperative review, the inflammation looks well controlled with topical steroid and antibiotic with good retina reflex. Unfortunately, the lens become cataractous within one month. He was then underwent another surgery for aspiration of lens, primary posterior capsulotomy and anterior vitrectomy. Intraoperatively, the continuous curvilinear capsulorrhexis was not possible as there are multiple capsule breaches at the periphery lens hence converted to can opener technique. A sulcus intraocular lens was implanted targeted at +1.5 dioptres.

Postoperative outcome are visual acuity 6/9, +1.00 without cylinder power and a happy parent.

Conclusion

Cat scratches are powerful enough to cause significant visual and ocular morbidity. Timely intervention is crucial in rescuing his organ of sight.

APOTSGT07

DELAY IN TREATMENT-SEEKING FOR BILATERAL EXOGENOUS TRAUMATIC ENDOPHTHALMITIS

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Introduction

Endophthalmitis is a severe form of ocular inflammation that can cause devastating consequences if not treatment properly and timely. We report a mortality case of delay in treatment-seeking of bilateral exogenous endophthalmitis.

Report

A 64-year-old lady presented with a history of alleged injury to bilateral eyes by the pineapple crowns two weeks ago. Post-trauma, she developed bilateral eye pain and blurring of vision with associated yellowish discharge and protruding ocular contents. Visual acuity was perception of light in the right eye while there was no light perception in the left eye. Examination showed a stellate-shaped full-thickness corneal laceration wound centrally with prolapsed uveal tissue in the right eye while there was prolapsed uveal tissue on the melted cornea and chemosis in the left eye. Both periorbital areas were edematous and erythematous. B-scan showed extensive vitritis and loculations. Bilateral eye evisceration was performed on the same day and uveal tissues were sent for culture and sensitivity which revealed Streptococcus pyogenes. Post-operatively, the wound appeared clean with reduced periorbital swelling and redness. However, she developed fever and status epilepticus on day three of post-operation. The contrast-enhanced computed tomography (CECT) of the brain noted bilateral cerebral patchy hypodensities with abnormal leptomeningeal which was suggestive of meningoencephalitis. Unfortunately, the patient succumbed to death after two weeks despite intensive care and completion of antibiotics.

Conclusion

Delay in treatment-seeking of endophthalmitis can cause devastating sequelae including death despite prompt surgical intervention and antimicrobial therapy.

APOTSGT08

KNIFE-RELATED PENETRATING EYE INJURIES

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Introduction

Knife-related injuries are devastating but preventable with adequate knowledge and awareness among the handler. This is a case series of penetrating eye injuries caused by knife.

Report

Three patients, all with no underlying co-morbid, had an alleged penetrating eye injury due to knife. The first case is a 15-year-old Malay boy who had paper-cutting knife penetrate his left eye when lifting a box while holding the knife at his part-time workplace. His injury involved cornea-scleral laceration with lens capsule breach and vitreous haemorrhage and underwent left cornea-scleral toilet and suturing (T&S) and subsequently lensectomy and vitrectomy. His latest left eye vision was 6/60 pinhole 6/24 (with +10D glasses). The second case is a 34-year-old Siamese man who had a knife swung towards his left eye when he was cutting his fishing net using the knife. His injury involved cornea-scleral laceration with iris prolapse and hyphaema, which he underwent left cornea-scleral T&S, iris repositioning and anterior chamber (AC) washout. His latest left eye vision was counting finger (CF). The third case is a 42-year-old lady whose son accidentally threw a kitchen knife towards her right eye. Her injury involved limbal-sclera laceration with uveal tissue prolapse, vitreous haemorrhage and retinal detachment, and underwent limbal-scleral T&S. Her latest right eye vision was NPL. Unfortunately, she also has sympathetic ophthalmia of the left eye.

Conclusion

These cases illustrate the different severity of penetrating eye injuries. It is important to create awareness in the community regarding proper handling of knives, especially in workplaces and among adolescent age group to prevent disastrous sight-threatening emergency.

APOTSGT09

OUCH! 'EYE' GOT STUNG BY A BEE

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Introduction

Ocular bee sting is an uncommon ocular injury, which can present with variable presentations and complications. We reported a case of corneal bee sting injury with good outcome.

Report

A 21-year-old male was referred for alleged bee sting over the left eye (LE) while harvesting palm oil fruits. Post incident, he complained of LE swelling, pain and blurred vision. He presented to us at 3 hours post trauma with vision right eye (RE) 6/6, LE 6/30 (pinhole 6/9). Examination showed markedly swollen left periorbital region, corneal oedema and epithelial defect at 5 o'clock paracentrally. No stinger was found. The anterior chamber (AC) was otherwise quiet. RE examination was unremarkable. He was started on intensive topical steroids and antibiotic, together with short course of oral Prednisolone and antihistamine. Despite aggressive treatment, his condition deteriorated the next day, with vision LE 2/60 (pinhole 6/36). Epithelial defect was bigger with worsening of stromal oedema and endothelial striae. Intense AC reactions and hypopyon level seen. Yet, he refused for admission. Fortunately, his condition improved on day 3 with vision LE 6/36 (pinhole same). Corneal oedema improved with less intense AC reaction and resolving hypopyon. Subsequently he defaulted his follow up and when contacted, he claimed that he has regained his vision. After 5 weeks, he came for review. His LE had completely healed with superficial corneal scar and final vision of 6/9.

Conclusion

The initial management of corneal bee sting is very crucial. The use of topical and oral steroid is beneficial and may improve outcome.

APOTSGT10

A SERIES OF UNFORTUNATE EYE EVENTS WITH A HAPPY ENDING

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Introduction

Ocular trauma is the most common cause of acquired unilateral blindness in children with great impact on quality of life. Most cases are preventable. This is a series of unfortunate events occurring in the same eye.

Report

A 9-year-old boy had his first ocular injury in 2020 when he fell and hit his right eye (RE) on a stone while playing outdoors. He was not wearing eye protection. He presented immediately, visual acuity (VA) of the RE was counting finger with no relative afferent pupillary defect (RAPD). He sustained a penetrating injury with corneal laceration peripherally with fibrin and hypopyon in anterior chamber (AC) complicated with traumatic cataract. He underwent RE wound toilet and suturing, AC washout and intravitreal antibiotics. Subsequently 2 weeks later, RE lens aspiration was done and he was left aphakic due to capsular instability. Secondary intraocular iris claw lens was implanted nine months post-trauma. He was compliant with glasses post-operatively and his best corrected VA was 6/9. Unfortunately, he presented again with a second episode of trauma after 18 months, whereby RE was hit by a ping-pong ball which caused anterior dislocation of intraocular lens with no RAPD and his fundus was normal. The lens was re-clipped and his VA remained good at 6/9.

Conclusion

Despite a poor preoperative VA, multiple surgeries and repeated eye injury, this child had good final visual outcome, due to intact macula and optic nerve function. Minimum time between injury and surgery, successful surgical repair and subsequent visual rehabilitation has saved this injured eye.

APOTSGT11

CORNEAL BLOOD STAINING WITH ENDOPHTHALMITIS FEATURES DUE TO LATE TREATMENT OF GLOBE RUPTURE: A CASE REPORT

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Introduction

Incidence of corneal blood staining is 2-11% of traumatic hyphaema cases and becomes higher for total hyphaema. This condition may cause irreversible blurred vision due to corneal cloudiness. Post-traumatic endophthalmitis is an uncommon yet severe complication of ocular trauma. Infection outcome varies according to the injury type, microorganisms involved, and time between injury and treatment. Post-traumatic endophthalmitis can be due to gram-positive, gram-negative, or both. We reported a case of hyphaema resulting in corneal blood staining and endophthalmitis features due to late treatment.

Report

An 8-year-old female was admitted to the emergency unit based on the advice of a neurosurgeon after two weeks of treatment. She felt pain and lost her visual acuity for two weeks following globe rupture after a motorbike hit her left eye. The vision was no light perception. Slit-lamp examination revealed conjunctival and ciliary injection, chemosis, corneal blood staining, hyphaema, conjunctival-corneal laceration with iris prolapse, phthisis, and swollen lids. All eye movements were restricted. Intraocular pressure (IOP) was difficult to assess. The patient had an elevated leukocyte count of 21.660 cells/mm^3. Head computed tomography showed bulbus oculi rupture and multiple fractures. Orbital USG showed retinal detachment and vitreous opacity. She was treated with antibiotics, analgetic, ocular antihypertensive medication, and evisceration.

Conclusion

Corneal blood staining is severe complication usually occurring from long-standing (>5 days) hyphaema with increased IOP (>25 mmHg). The increased risk of endophthalmitis in this case was due to delayed treatment. Evisceration was performed to prevent worsening of infection and fellow eye injury.

APOTSGT12

CORNEA THERMAL INJURY COMPLICATED WITH BULLOUS KERATOPATHY

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Introduction

Cornea is a vital structure of the eye as it is one of the important elements to the visual acuity. It also acts as a barrier and protects the internal structures of the eye from the external environment. Thus, injury or damage to any of the layers of the cornea can lead to various eye diseases and serious complications may arise as a result. Formation of bullous keratopathy from a thermal injury to the cornea is though, uncommon, can cause poor visual prognosis.

Report

A 61-year-old female presented with right eye redness associated with discomfort and tearing for few weeks after a history of hot oil splash. However, she did not complaint of any significant blurring of vision. On examination, her right eye visual acuity was 6/18 (similar to her baseline). There was non-visual axis involvement of epithelial detachment with multiple small bullae. Fundus examination was unremarkable. Treatments of topical steroids and antibiotics were commenced immediately, and she was monitored closely for treatment response. However, she was subsequently referred to cornea team for right eye persistent epithelial detachment and bullous keratopathy associated with thermal injury. Premorbid, she was also under regular follow up for pressure control bilateral eyes primary angle closure glaucoma.

Conclusion

Prompt treatment is very crucial to prevent devastating thermal induced keratopathy. Immediate presentation post trauma to eye casualty for proper ocular evaluation is mandatory and for commencement of treatment. Referral to appropriate subspecialty team for expert opinion and further management are necessary if indicated.

APOTSGT13

IGNITING JOY OR SORROW: THE TRUTH

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Introduction

To report various presentation of firecrackers eye injuries and its challenges in management.

Report

In total we studied nine eyes from five patients with firecracker eye injuries reported within 4 months during festive seasons. Two of the patients had injuries involving bilateral eyes. All patients are from district and their age range from 7 to 82 years old. All cases involved a close distance explosion except one case which involved a bystander. They presented with visual acuity ranging from 6/12 to No Perception to Light (NPL). Two of them suffered other injuries such as multiple deep laceration wound over bilateral limbs which required surgery and first degree burn over the face. Three cases involved self-modified firecrackers associated with more severe injuries. They presented with Hand Movement (HM) vision and NPL. One patient required emergency primary corneal toilet and suturing for globe ruptured and later for cataract removal and corneal transplant. Two patients with vision of NPL and HM had sustained a partial thickness corneal laceration wound with a total hyphaema, vitreous haemorrhage and iridodialysis. Two cases reported a less severe ocular injuries with corneal abrasion and Grade 1 thermal injury. To date, one patient had loss to follow-up, two patients remained guarded vision prognosis while, the remaining two had been discharged well from our clinic.

Conclusion

Firecracker eye injury can lead to irreversible vision loss and self-modified firecracker posed a greater danger to life and sight. Primary prevention like public awareness and school education is crucial especially during festive seasons.

APOTSGT14

A NAIL IN THE BRAIN

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Introduction

Penetrating head injury is uncommon, accounting for 0.4% of head injuries. Transorbital penetrating head injuries are even rarer. We report a case of industrial injury resulted in perforating eye injury and intracranial foreign body by a nail.

Report

A 30 year-old gentleman, who was fixing a nail gun at his construction workplace, accidentally fired the nail gun with the barrel pointing towards his left eye. Upon arrival to the hospital, his left eye vision was no light perception (NPL) with bleeding from left eye wounds, extensive subconjunctival haemorrhage, prolapse of uveal tissue and total hyphaema. He sustained perforating injury of the left eye with intracranial foreign body (a nail) within the frontal lobe, laceration wounds of the lateral canthus of left eye and fractures of left orbital floor and roof. He underwent left eye examination under anaesthesia, scleral and lids toilet and suturing, following neurosurgery bicoronal craniotomy and removal of intracranial foreign body. The nail was successfully removed and scleral repair was done. However the lateral canthus was not able to be opposed due to the severe proptosis as a result of retro-orbital oedema. He was discharged on post-operative day 5 with Glasgow Coma Scale of 15/15, however, his left eye vision remained NPL and he was planned for lateral canthal reconstruction later.

Conclusion

Work-related eye injuries can be debilitating and are largely preventable. Education on workplace safety measures and training on proper operation technique of equipments are essential.

APOTSGT15

PENETRATING EYE INJURY BY VENOMOUS SEA CREATURE: A CASE REPORT

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Introduction

Sea urchin is one of the venomous aquatic lives that can cause injury to humans. It is covered with spines that have high penetrating power and can also lead to envenomation. Sea urchin injury to the eye is very rare as this creature is usually situated on the seabed. We report a rare case of penetrating injury to the cornea caused by the sea urchin spine.

Report

A healthy 25-year-old fisherman presented with left eye pain and foreign body sensation after he was hit in the eye by a sea urchin. He tried to shake off a sea urchin that was stuck to his net before the tragedy happened. His visual acuity in both eyes was 6/9. The right anterior segment was normal. The left conjunctiva was hyperemic. There were three penetrating sea urchin spines which were located centrally, paracentral at 4 o'clock and at 2 o'clock near the limbus. The anterior chamber showed the presence of anterior uveitis with a streak of hypopyon inferiorly. Fundoscopy for both eyes was normal. The patient underwent corneal foreign body removal and suturing. He was started on topical corticosteroid and antibiotics. His condition improved with good vision.

Conclusion

Injuries from sea urchin may results from various causes such as mechanical trauma due to penetrating injury and toxins from its spine. Prompt removal of sea urchin spine is important to prevent unwanted devastating local and systemic complication.

APOTSGT16

OCULAR TRAUMA FOLLOWING ROAD TRAFFIC ACCIDENTS: EXPERIENCE AT TERTIARY CARE HOSPITAL IN JHARKHAND

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Aim

To evaluate different types of ocular co-morbidities due to road traffic accidents (RTA) in patients attending emergency services in tertiary care hospital in Jharkhand.

Material and Methods

1317 RTA patients with head trauma were included in this study over a period of 2 years from 1st May 2020 to 1st April 2022. Ocular examination was performed bedside and in an Eye OT microscope if needed and findings were tabulated.

Results and Discussion

Racoon eyes due to head trauma were the most common ocular manifestation (879 patients) followed by lid laceration (252) and Traumatic Vitreous haemorrhage(72), traumatic mydriasis (42), hyphaema (12), corneal, scleral or corneoscleral tear with or without VH or lid laceration (60). RTA is hence associated with significant ocular morbidity which many a times leads to sight threatening situations.

Conclusion

In a developing country like ours, new untrained , rash and drunk driving without protective riding gears is very common. Most of the recorded cases gave a history of riding without helmet, drunk driving and RTA due to high beam glare of the vehicle coming from opposite direction. Maximum cases (756) were recorded during monsoon and rainy nights leading to two wheeler skidding. There is an urgent need to educate the general public about safety driving measures through media and television programmes and action should be taken to reinforce them.

APOTSGT17

SCLERAL PATCH IN PERIPHERAL HOSPITAL

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Introduction

Scleral rupture is a common traumatic ocular injury and is often hidden by unbroken conjunctiva. This case has a scleromalacia area which gave way for scleral rupture to happen.

Report

A 73-year-old male came with history of right nasal pterygium excision with likely mitomycin-C usage 20 years ago. His right eye (RE) was hit by a fallen lemon while plucking it. Post trauma he sustained RE pain and gushing of fluid but deny blurring of vision. RE visual acuity was 6/24 pinhole 6/12 and left eye (LE) was 6/7.5. On examination. right relative afferent pupillary defect was noted. Otherwise, optic nerve function was normal. There was bare sclera nasally with scleromalacia and a 2mm gaping hole over the superior part of the scleromalacia area. No uvea or vitreous prolapsed. Intraocular pressure was undetectable. B-scan revealed anterior choroidal detachment with vitreous haemorrhage. Intraoperatively, the hole failed to oppose fully due to the fragile scleromalacia. A piece of tenon was harvested from temporal region to patch the gapping area which subsequently covered with conjunctival autograft. Intravitreal Ceftazidime and Vancomycin were administered. Post-operatively, RE VA was 1/60. IV methylprednisolone (0.5mg/kg) was initiated to cover both traumatic optic neuropathy and choroidal detachment. Three weeks after operation, his RE visual acuity regained to 6/15 with tenon patch intact and conjunctival autograft healed. Intraocular pressure was 12 and choroidal detachment resolved.

Conclusion

This case illustrates a successful tenon patch as an alternative to sclera patch in peripheral hospital. Prompt primary closure of the wound is essential to prevent endophthalmitis.

APOTSGT18

FIRECRACKERS RELATED OCULAR INJURIES DURING RAYA – IS IT REALLY WORTH IT?

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Introduction

Firecrackers are a multi-cultural practice in our country during festivities. The purpose of this study is to describe varying cases of ocular injuries secondary to firecrackers during Raya at a tertiary center.

Report

A total of three cases were reported from Raya 2021 to 2022. For each patient, an ophthalmic examination was performed and further evaluation with Computed Tomography (CT) orbit was done for those deemed necessary. All three cases were males (2 children and 1 adult) aged between 9 to 24 years. They all played with firecrackers however differed in terms of encounter distance, type, and the number of explosives. The common presenting complaint for all was blurring of vision and eye pain. Clinical signs ranged from mildest being corneal epithelial defect to worst being globe rupture with no perception of light (NPL) associated with multiple first-degree skin burns, tuft fracture of the left ring finger and bilateral tympanic membrane perforation. Two of the other cases presented with similar visual acuity of 6/18 and both had corneal abrasion with one sustaining a partial thickness cornea laceration wound. Nevertheless, both had a favorable visual outcome post treatment (6/9). Unfortunately, the globe rupture patient remained NPL post operatively.

Conclusion

This report highlights that despite firecrackers being played as a cultural practice in our country, it should also be known for its serious adversities including sight threatening ocular injuries. Hence, awareness of its damaging effects should be reinforced amongst the public alongside authorities tightening the legislation of its prohibition.

APOTSGT19

BEE STING CORNEAL INJURY WITH RETAINED STINGER

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Introduction

Isolated corneal bee sting injury is rare occurrence with varying levels of visual outcome. Such injury leads to toxic and immunologic ocular inflammation which can lead to visual threatening sequelae such as corneal opacity, bullous keratopathy and optic neuropathy.

Report

A 46-year-old man presented 10 hours after isolated right eye painful corneal bee sting injury. His right eye vision was counting finger (CF). Examination revealed a retained stinger embedded mid stroma, at paracentral region of the cornea. The conjunctiva was injected with extensive corneal edema obscuring the view of anterior chamber (AC) activity. Vertical corneal incision was made to remove the stinger, but the tip broke and was deeply embedded in the posterior stroma. Seidel test was positive at the site of incision, therefore cornea was sutured. Intensive gutt dexamethasone 0.1% (hourly) was commenced with gutt moxiflaxacin hydrochloride 0.5%, oral ciprofloxacin 500mg BD, gutt hypertonic saline 3% and gutt atropine 1%. However, Day 1 post procedure there was persistent slow leak due to friable cornea tissue at the wound. Hence, glue and disc were used to seal the cornea. Two months post incident, his vision improved to 6/60 and Seidel test remain negative. There is persistent corneal oedema corresponding to the site of entry but surrounding cornea has markedly improved.

Conclusion

Early and prompt management is vital to control the acute corneal bee sting inflammation to prevent further damage. Early surgical removal may be attempted if feasible.

APOTSGT20

BEE DOESN'T ALWAYS MEAN 'HONEY'- A CASE REPORT OF BEE STING KERATOPATHY

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Introduction

Bee stings of the cornea are rarely reported but have the potential of causing serious ophthalmological injuries and outcomes. We present a case of a patient who suffered a bee sting of the cornea and the response to the poison components.

Report

A 43-year-old gentleman presented to our Ophthalmology Department with a history of alleged stung by a bee over his left eye. On examination, he had visual acuity of 6/6 in the right eye; and a counting finger in the left eye. Examination of the right eye was unremarkable. He had injection over the conjunctiva of the left eye with conjunctival chemosis. He had an embedded stinger in the left cornea stroma down until the endothelium. Anterior segment details were hazy due to hazy cornea, with poor visualization of the posterior segment. He was taken to the theatre for removal of the stinger. A linear incision was made over the stinger, and the stinger was removed. Owing to the depth of the stinger, four 10/0 nylon sutures were placed. The patient was then managed with topical steroids and topical antibiotics. On further follow-up, the cornea oedema was prolonged with the presence of cornea infiltrate over the wound site. He was then started on an oral steroid, tapering dosage. Subsequently, the infiltrate resolved, leaving a scar at the wound site. Five months post-operatively, his best corrected visual acuity was 6/18.

Conclusion

Cornea bee sting injuries are rare occurrences but often associated with potential severe visual impairment. Management needs to be tailored on an individual case basis.

APOTSGT21

THE BLIND LUCK

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Introduction

To describe a case of ocular trauma involving a jutting screw.

Report

A 27-year-old gentleman presented with right eye pain and bleeding after walking into a jutting screw in a laundry bar. His right eye was already blind from end-stage juvenile open-angle glaucoma (JOAG). On examination, he had a reverse right eye relative afferent pupillary defect. The vision was no light perception. Right eye conjunctiva was injected and chemosed. There was a limbal scleral laceration inferiorly at 4-5 o'clock with no prolapsed uveal tissue. The cornea was already opaque with anterior staphyloma from the underlying JOAG with no view of the anterior chamber, iris, or lens details.

An urgent computed tomography of the orbit showed evidence of globe rupture with no intraocular foreign body. The next day, he underwent an examination under anesthesia, wound exploration, and globe repair, under general anesthesia.

Two months postoperatively, B-scan revealed a choroidal detachment with vitreous hemorrhage. As this eye had poor visual potential, this was managed conservatively.

Conclusion

Ocular injuries in blind eyes are more likely to occur due to the inability to take evasive action. This case highlights this issue and the need to remind patients to be extra vigilant or use protective eyewear when out and about.

APOTSGT22

A CLASSIC CASE OF METAL EYE INJURY

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Introduction

An intraocular foreign body may traumatize the eye mechanically, introduce infection or exert other toxic effects on the intraocular structures. Removing the intraocular foreign body may be challenging. A case report of the intraocular foreign body and external approach was used to remove the intraocular foreign body.

Report

A 42- year- old foreigner presented with right eye pain immediately after he has been pounding a metal object with a hammer. He was not wearing safety glasses and felt something strike his right eye. This was followed by tearing and severe blurring of vision. He was immediately brought to the emergency department and referred to the eye clinic. His right eye is only able to perceive light with positive relative afferent pupillary defect. A large sclera laceration wound was noticed 2mm away from the limbus at 5 o'clock with uveal tissue and vitreous prolapse. There is no damage to the cornea. Other posterior segment details were blurred by total hyphaema. Left eye vision was 20/20 with normal anterior and posterior segments examination. Skull X-ray findings confirmed the existence of a single large radiopaque foreign body within the right socket. Primary surgery to repair the wound and foreign body removal with a vitreo-retina magnet were done in the same settings.

Conclusion

Removal of the intraocular foreign body in a primary setting can be difficult and tricky. Magnetic removal is indicated when the metal is in the vitreous or superficial to the wound.

APOTSGT23

A CURIOUS CASE OF CORNEAL INJURY WITH HEADSCARF

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Introduction

To report a case of a missed corneal laceration that led to corneal decompensation.

Report

A 7-year-old boy presented with a history of injury to his left eye (LE) by a metallic brand label of a headscarf of his sister while playing. It was 1 month after the initial insult, which was kept away from the parents. He was referred to our clinic after no improvement from the treatment from a district hospital. His symptoms were LE pain, redness, reduced vision, and the presence of whitish opacity over the cornea. Upon our assessment, visual acuity (VA) of LE was counting finger, and reverse relative afferent pupillary defect was negative. There were stromal infiltrates inferonasal overlying an area of iridocorneal touch. The anterior chamber was shallow and iris clumps were present on the lens with localised lens opacity. Ultrasound biomicroscopy showed discontinuity of the cornea and adherent iris to the endothelium infero-nasally. B-scan showed a normal posterior segment. He was diagnosed with a partially treated corneal ulcer secondary to a self-sealed corneal laceration complicated with a traumatic cataract. Later, he developed neovascular glaucoma with corneal thinning. We performed Gundersen's conjunctival flap and treated his glaucoma with topical medications.

Conclusion

This case highlights the importance of thorough eye assessment in ocular trauma, with early referral and treatment.

APOTSGT24

TRAUMATIC BACILLUS ENDOPHTHALMITIS: A CLINICAL CONUNDRUM

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Introduction

Bacillus cereus is a gram-positive endospore-forming rod organism. B. cereus is rarely known to cause ocular infections and most such cases are usually trauma related, with the majority resulting in severe vision loss if not the eye itself. In this report, we would like to present a case of rapid clinical progression of fulminant bacterial endophthalmitis.

Report

A 43-year-old gentleman was gardening at a nursery within a vicinity of a makeshift lavatory when a multipurpose metallic wire poked into his left eye. The patient presented on the day of trauma with disproportionate pain in his left eye with blurry vision.

Visual acuity was OD 6/6 OS CF 3ft. Anterior segment examination showed a 3mm corneal laceration with slight pupil peaking. The anterior chamber showed +3 cells. Fundoscopy showed a slightly hazy posterior segment. There were no loculations on the gentle B scan.

The patient developed panophthalmitis within 24 hours, immediate corneal T&S was done and he was given broad spectrum coverage of intravitreal antibiotic therapy. The patient's eye however continued to deteriorate despite adequate local and systemic treatment and eventually had to succumb to evisceration. A vitreous tap was taken which eventually yield florid growth of Bacillus Cereus.

Conclusion

Bacillus Cereus endophthalmitis presents a unique conundrum. It has a rapid course of progression and also a high rate of therapeutic failure. A more in-depth understanding of the organism's mechanism of virulence could aid in procuring a targeted approach that could potentially save vision.

APOTSGT25

ACUTE BLEB-RELATED PANOPHTHALMITIS SECONDARY TO LOW-IMPACT BLUNT TRAUMA

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Introduction

To report a case of panophthalmitis secondary to ruptured trabeculectomy bleb after a low-impact trauma.

Report

A 74-year-old Chinese-Malaysian lady with underlying diabetes mellitus and hypertension with a previous history of glaucoma filtration surgery 10 years ago, presented with a 3-day history of swelling, redness, pain, and profound visual loss in her right eye following low-impact blunt trauma with a kitchen cabinet door. Ocular examination revealed no perception of light vision, severe proptosis with increased intra-ocular pressure, and generalised restriction of extraocular movement. Anterior segment examination showed conjunctival chemosis, hazy cornea, and hypopyon. There was no fundus view. Ultrasound B-scan revealed hyperechoic loculations. The diagnosis of bleb-related panophthalmitis was made. Immediate right eye vitreous tap and intravitreal antibiotics (vancomycin 1mg/0.1ml, ceftazidime 2mg/0.1ml) was given. The initial vitreous sample was culture negative. Contrast-enhanced Computed Tomography of the orbit showed scleritis, preseptal cellulitis, and an air pocket within the right vitreous chamber but no evidence of intracranial extension. Repeated intravitreal antibiotics were given on Day 7. On Day 8 post-trauma, the patient had a sudden improvement in proptosis and intra-ocular pressure. Examination revealed scleral perforation with prolapsed uveal tissue and pus discharging from the site of perforation. Right eye evisceration was performed. Intra-operatively two areas of scleral perforation were identified; the previous filtering bleb site at 1 o'clock and posterior to the equator at 11 o'clock. Intraoperative cultures revealed pus cells and mixed growth.

Conclusion

Bleb-related infection remains a risk even after many years of a filtering bleb and can be exacerbated by minor risk factors such as low-impact blunt trauma.

APOTSGT26

CORNEAL INJURY SECONDARY TO BEE STING WITH RETAINED STINGER

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Introduction

Corneal injury by bee sting is uncommon. It can produce mild tissue edema and hyperaemia to permanent vision loss. This is a case of retained corneal bee stinger with a secondary bacterial infection.

Report

A 33-year-old with no comorbid presented to the ophthalmology department within 4 hours of an alleged bee sting while riding a motorbike. Post-trauma, the patient sustained right eye redness, photophobia, pain, and swelling of the eyelid. Upon examination, visual acuity was 6/6 in both eyes. The right eye showed swollen lids with inferior chemosis, embedded bee stinger in corneal stroma temporally with iritis. Lens clear. Left eye anterior segment and both eyes fundus unremarkable. The stinger was removed using forceps under a slit lamp. Post removal, the patient was started on topical antibiotics and steroids. However, the patient presented with reduced vision to 6/24 with a secondary corneal bacterial infection the next day. The right eye showed corneal epithelial defect with stromal infiltrate, surrounding oedema, and hypopyon. The patient was then admitted and continued topical antibiotics with oral vitamin C and doxycycline. 2 weeks post-trauma, anterior chamber inflammation subsided. The patient developed a corneal scar at the site of injury and the best corrected visual acuity at 2 months follow-up was 6/9.

Conclusion

Bee sting ocular injury can be sight threatening. Early diagnosis and prompt treatment are essential to prevent visual morbidity.

APOTSGT27

OCULAR CHEMICAL INJURY FROM EXPLOSION OF POLYURETHANE RESIN

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Introduction

Ocular chemical injury is an ophthalmic emergency requiring immediate assessment and treatment. Management can be challenging. We present a case report of ocular chemical injury work related to an explosion of polyurethane resin which resulted in grade III chemical injury complicated with ocular surface necrosis and symblepharon. Polyurethane resin is an alkaline substance that is commonly used at construction sites as a sealant.

Report

A 43-year-old Indonesian male, a construction worker, presented with a right eye alkaline injury after a container of polyurethane resin exploded, and his left eye was unaffected. He did not wear any safety goggles. After emergency irrigation, the right eye visual acuity was 6/36 and the left eye vision was 6/6. He was diagnosed to have right eye grade III chemical injury with ocular surface necrosis, symblepharon, and posterior segment revealed Berlin's oedema. We proceeded with wound exploration, removal of conjunctival necrosis, symblepharectomy, and amniotic membrane transplantation. There were multiple calcified conjunctiva sponge materials seen in all quadrants with inferior rectus muscle necrosis and an open wound at the inferomedial eyelid connecting to the inferior fornix. Post-operatively, he was on intensive topical steroids, topical antibiotics, autologous serum, and lubrication eye drops. Two months later, his right corneal epithelial defect was resolved, and his vision improved to 6/18, however, he developed early cataract formation, recurrent symblepharon, pseudopterygium, and lower eyelid scarring.

Conclusion

Polyurethane alkaline-related ocular chemical injury can cause devastating consequences to the ocular surface and periocular tissue. The wearing of safety goggles while handling chemicals can prevent unwanted incidents at the workplace.

APOTSGT28

OPHTHALMIA NODOSA: A CASE SERIES

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Introduction

Ophthalmia nodosa is an ocular inflammation precipitated by the embedment and/or migration of insect body parts especially its hairs or vegetable materials which possess toxic attributes.

Report

We reported sequelae of four Ophthalmia nodosa cases as a result of insect entering their eyes while riding a motorbike. Post-incident each of them had red eyes and blurring of vision. They presented on the same day of the incident with uncorrected visual acuity varying from 6/9- 6/60 on the affected eye. The anterior segment revealed conjunctival chemosis with corneal edema surrounding the embedded foreign body and anterior uveitis. The posterior segment was unremarkable. Insect leg was found embedded in the corneal stroma of three patients who had a favourable outcome after surgical removal of foreign body and intensive topical steroid and antibiotic. The fourth patient had an insect leg embedded in his corneal endothelium and unfortunately developed corneal decompensation, and secondary glaucoma despite foreign body removal with intensive topical antibiotics and steroids. The best corrected visual acuity of the first three patients was 6/9-6/6 with localized corneal scarring. The fourth patient was advised for penetrating keratoplasty however, the patient refused any further treatment. He had no perception to light on his last follow-up.

Conclusion

The outcome of Ophthalmia nodosa depends on immediate and timely diagnosis, management, and toxicity of the embedded insect material.

APOTSGT29

THE PRICE OF RICE IN THE EYE

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Introduction

Intraocular foreign body (IOFB) is a serious ocular condition that may potentially cause permanent visual loss in the eye. Thus, it must be promptly diagnosed and treated. We report a rare case of traumatic paddy husk penetration in the eye with a good visual outcome.

Report

A 27-year-old Malay male presented with two weeks history of right eye painful blurring of vision. Prior to this, he allegedly had a foreign body enter his right eye while passing through a paddy field while riding on his motorcycle. Right eye vision was 6/18 with no relative afferent pupillary defect. The conjunctiva was injected with the presence of multiple intracorneal hair-like foreign bodies seen. The anterior chamber inflammation was grade 4+ with fibrin clumps and anterior vitreous cell 2+. Posteriorly, there was vitritis 1+ and the presence of a similar hair-like foreign body on the retina inferiorly. Otherwise, left eye findings were normal. He was treated with topical levofloxacin and prednisolone acetate 1%for two weeks. No improvement was seen. He was subsequently started on oral ciprofloxacin and oral prednisolone for two weeks. The inflammation reduced and his affected eye vision improved to 6/9. No surgical intervention was initiated.

Conclusion

This is a rare case of multilevel infiltration of paddy husk from the anterior segment with spill-over to the posterior segment without compromising the vision. The final visual outcome is good despite retaining tiny residual paddy husk IOFB in the cornea and vitreous.

APOTSGT30

ISOLATED OPEN GLOBE INJURY SECONDARY TO FAN BLADE. WHAT ARE THE ODDS?

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Introduction

The fan is a common household appliance used to create a flow of air. It consists of fan blades which is a relatively blunt object but can result in high velocity penetrating injuries as the fan rotates. Among the literature, fan blade injuries are rare and usually associated with craniofacial or maxillofacial injuries. We report a case of devastating isolated globe rupture caused by a fallen fan blade.

Report

A 33-year-old female was hit over her left eye by a piece of a fan blade that accidentally fell on the floor at home. She experienced pain and loss of vision over the left eye. Her left eye visual acuity was light perception with positive afferent pupillary defect. She sustained a full-thickness corneal laceration with vitreous and iris prolapse. The patient was planned for an emergency toilet and suturing of the corneal laceration under general anesthesia. Intravitreal vancomycin and ceftazidime were administered. Postoperatively the patient was started on systemic ciprofloxacin and topical vancomycin and ceftazidime. There were no signs of infection postoperatively.

Conclusion

Household appliances like fans are potential hazards that can cause devastating eye injuries. Therefore, greater attention should be directed toward increasing public awareness about eye injuries and identifying potential causes of injury. This can be achieved by health education posters in schools, hospitals as well as commercial places. The majority of the injuries could be prevented.

APOTSGT31

OCULAR CHEMICAL INJURY THAT DOES NOT FOLLOW THE TYPICAL IMMEDIATE MANAGEMENT

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Introduction

Calcium carbide in carbide lamps produces acetylene gas, which burns and produces light that is brighter than candles and is used uncommonly in the interior division of Sabah as a source of electricity.

Report

A 30-year-old gentleman presented with carbide particles entering his eyes when a nearby drum containing calcium carbide exploded. He at once irrigated both eyes with water. He developed severe pain, redness, and swelling instantly. In Emergency Department, more irrigation was carried out which worsened his symptoms, but Ph reduced from 8 to 7.
The visual acuity (VA) over the right eye (RE) was counting fingers, whereas the left eye (LE) was 6/24. Both eye conjunctiva chemosed, limbal ischemia, and presence of central corneal edema and total epithelial defect correspond to grade III-IV (RE) and grade II (LE) of Roper Hall chemical injury grading. IOP was not raised. He was admitted and started on topical antibiotics, steroids, ATPF, oral vitamin C, doxycycline, and paracetamol. Both eyes were put on moist chambers. Eyes condition slowly improved more than a week later. Upon discharge, VA was 6/18 pH 6/9 (RE) and 6/6 (LE). The posterior segment was unremarkable. Both eye's epithelial defects eventually resolved but cornea opacity formed in the RE led to VA of 3/60 (RE) and 6/6 (LE).

Conclusion

Chemical injury caused by carbide is rare. Irrigation with water should be avoided as carbide will explode when comes in contact with water. Thus, blowing air to the eye is better for immediate management.

APOTSGT32

A CASE SERIES OF LAWNMOWER-INDUCED OPEN GLOBE INJURY

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Introduction

Lawnmowers are commonly used to trim the grass. However, its improper usage without protective eyewear may lead to serious ocular injuries. We report 3 cases of open globe injury incurred by lawnmowing in the absence of safety eye gear.

Report

Case 1 is a 63-year-old man whose left eye was hit by a piece of wood while trimming grass. Visual acuity (VA) on arrival was counting fingers. He sustained a 2mm full-thickness corneal laceration involving the visual axis. The anterior chamber (AC) was flat and there was a traumatic cataract. No intraocular foreign body (IOFB) was found on CT (computed tomography) of the orbits.
Case 2 is a 14-year-old teenager whose left eye was hit by a metal fragment while lawnmowing. The initial VA was hand movement. On examination, he had a full-thickness corneal laceration with uveal tissue prolapse and a traumatic cataract. Imaging done showed the presence of an IOFB on the retina.
Case 3 is a 34-year-old man whose left eye was hit by a tree branch while mowing grass. His VA was counting fingers. Examination revealed a self-sealed full-thickness corneal laceration, and traumatic hyphaema, with the anterior capsular breach. No IOFB was found on the orbital CT scan.
All patients did not comply with the use of safety eye gear.

Conclusion

Lawnmowing can result in sight-threatening ocular trauma which is preventable by the simple act of wearing protective eyewear.

APOTSGT33

A CASE REPORT ON BEE STING INDUCED TOXIC KERATOPATHY

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Introduction

Corneal bee stings are infrequently encountered and could lead to various ophthalmic sequelae. Herein, a case of a corneal bee sting is reported.

Report

A 21-year-old gentleman with no co-morbidities presented with an alleged bee sting on his right eye while riding a motorcycle. He was assessed 8 hours post-trauma and his visual acuity (VA) was 6/60 OD. Anterior segment examination revealed conjunctival hyperemia, a central epithelial defect measuring 7x6 mm with Descemet's striae. Bee stinger was embedded till anterior stroma located at 12 o'clock in the peripheral area with surrounding infiltrate. The anterior chamber (AC) was deep with no hypopyon however AC activity could not be determined. The stinger was removed with forceps under a slit lamp. The posterior segment was unremarkable, and he had no systemic anaphylaxis. He was then admitted and administered topical prednisolone acetate 1% 2 hourly, topical moxifloxacin 0.5% 2 hourly, and cycloplegic. Subsequently, topical prednisolone acetate 1% was increased to hourly after 2 days of admission as epithelial defect improved. Twelve days post-trauma, VA improved to 6/12 OD, and the infiltrate was less dense with areas of scarring, corneal oedema, and epithelial defect markedly improved. The bandage contact lens was applied, and outpatient management was commenced.

Conclusion

The mainstay of treatment is early intervention to minimize toxic effects and prevent secondary infection by intensive topical steroids and topical broad-spectrum antibiotics respectively. The method and necessity of urgent removal of stinger vary among cases reported.

APOTSGT34

DEVASTATING BADMINTON-RELATED OCULAR TRAUMA IN A TEEN

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Introduction

Sport-related ocular trauma is rare but can be a devastating injury. In Malaysia, data showed that badminton-related ocular trauma accounts for two-thirds of all sports-related injuries. We hope this case will raise awareness of the badminton-related ocular injury and remind the need for the right protective eyewear.

Report

A 16-year-old male's right eye was injured by his broken glasses after being shattered by a shuttlecock during badminton. He presented to our centre immediately with right eye pain and blurred vision. The vision was counting fingers without reverse RAPD. There were two corneoscleral laceration wounds, measuring 10mm and 8mm at 8 and 10 o'clock respectively, with iris prolapse and iridodialysis. A sclera wound measuring 3mm was located superotemporally. The anterior chamber (AC) was flat without hyphaema. Fundus view was absent. Computerized tomography (CT) of the orbit showed an intact right eye globe with collapsed AC, without a foreign body. During the emergency operation, the eyeball was soft and cornea wounds were macerated leading to difficult suturing. The anterior capsule of the lens was fortunately intact. Postoperatively, the vision was unchanged.

Conclusion

Injury from a shuttlecock at high speed can result in corneal and scleral lacerations when spectacle glass shatters. Appropriate legislation to increase awareness and make appropriate eye protection compulsory should be implemented immediately to reduce this potentially blinding sports-related injury from a favourite Malaysian game.

APOTSGT35

A CASE OF INTRAOCULAR GLASS FOREIGN BODY WITH POVIDONE IODINE INDUCED TOXIC KERATOPATHY

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Introduction

To report a case of delayed removal of intraocular glass foreign body due to Povidone Iodine induced toxic keratopathy.

Report

A 75-year-old gentleman presented with complains of left eye (LE) pain and reduced vision following a history of trauma whereby he was cutting the grass with a rotating blade when a foreign body entered his left eye. Upon examination, relative afferent pupillary defect (RAPD) was negative, and LE visual acuity was hand movement (HM). There was a full-thickness corneal laceration paracentral with a traumatic cataract. Computed tomography (CT) scan showed a foreign body within the anterior chamber (AC) of the left globe with suspicious left lens injury.
Primary wound repair and lens aspiration with intraocular foreign body (IOFB) removal were planned as IOFB was located within the ruptured lens. Povidone iodine was instilled into LE as routine however then noted the cornea had become opaque. Corneal wound repair with intravitreal antibiotics was done but couldn't proceed with lens aspiration and IOFB removal in view of poor corneal clarity. The second surgery was attempted but only able to proceed with AC washout and intravitreal antibiotics. Cornea status precludes the vitrectomy and IOFB removal. He was treated with systemic antibiotics with close monitoring until the cornea became clearer. Eight weeks post-trauma, corneal clarity had improved and a glass foreign body measuring 5.0mmx3.0mmx2.0mm was successfully removed.

Conclusion

Any open unsealed corneal wound is not recommended to be instilled with Povidone iodine solution prior to primary wound repair due to the risk of corneal toxicity.

APOTSGT36

A GLITTERING EYE: CRYSTALLINE KERATOPATHY INDUCED BY COLOCASIA ESCULENTA INJURY

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Introduction

Colocasia esculenta is a tropical plant that is a frequently cultivated species in the Araceae family that are grown for its corms, leaves, and petioles, which are used as vegetables. All parts of the plant are poisonous unless cooked first. Ocular injuries include conjunctival chemosis, corneal abrasion, and the formation of fine oxalate crystals in the stroma.

Report

We report a case of a 53-year-old male with underlying hypertension, who presented with the blurring of vision, redness, swelling, and pain over the right eye (RE) after an alleged splash by a plant (Colocasia Esculenta) while mowing the lawn on the day of presentation. Upon examination, the right vision was counting fingers, left vision was 6/6. RE eyelid was injected with mild pseudomembrane. Conjunctiva was injected and chemosed 360 degrees. There was generalized corneal edema with full thickness and fine crystal-like opacities. No epithelial defect was seen. The anterior chamber was deep and quiet, round and reactive pupil with a clear lens. Fundus was normal. The left eye revealed normal examination. His RE was irrigated with a copious amount of normal saline and was started on topical moxifloxacin 0.5%, prednisolone acetate 1%, and artificial tears preservative free. The patient regained his 6/6 vision during his one-month visit and the corneal crystals completely disappeared.

Conclusion

Patients who have come into contact with plant sap should be irrigated with saline immediately to lessen the effects of chemical trauma and limit its mechanical damage by preventing crystal penetration. The majority of crystalline keratopathies reacted effectively to treatment, and patients recovered completely without complications.

APOTSGT37

WOODEN INTRAOCULAR FOREIGN BODY THAT "ESCAPED" COMPUTED TOMOGRAPHY SCAN

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Introduction

Wooden intraocular foreign body (IOFB) leads to endophthalmitis. We are reporting a case of wooden IOFB that "escaped" detection on computed tomography (CT) scans post-trauma.

Report

A 25-year-old gentleman presented with right eye (RE) pain and blurred vision after an alleged industrial injury. He was without protective goggles. While transporting wooden beams via a forklift, the tie snapped. A wooden splinter entered his RE at high velocity. On examination, his RE vision was hand movement, negative relative afferent pupillary defect with a corneoscleral laceration, anterior uveitis, and cataract with anterior capsule breach. Intravenous Ciprofloxacin was started. He underwent a primary toilet and suturing the next day. A post-operative B-scan revealed a hyperdense vitreous lesion suspicious of IOFB with surrounding vitreous hemorrhage (VH). CT orbit was performed twice with no IOFB reported. At 3 weeks post-trauma, he underwent RE lens aspiration and PCIOL implantation. Post-operative fundus examination showed unresolved dense VH and the hyperdense lesion on the B-scan was status quo. A vitreoretinal consult was obtained. He underwent pars plana vitrectomy which revealed 3 pieces of wooden splinters, one of which was embedded in the retina. At 3 months post operation, RE vision was 1/60. The residual wooden retina remained inert.

Conclusion

As wood is radiolucent, a CT scan is inferior compared to a B-scan or X-ray. Although useful, MRI is not preferred unless there is certainly no metallic IOFB. The right imaging tools need to be utilized to avoid “escaped” or missed IOFB detection that could lead to further complications.

APOTSGT38

THE GREAT FORTUNE IN MISFORTUNE; A CASE REPORT OF GLOBE RUPTURE OF AN AMBLYOPIC EYE FOLLOWING A PENETRATING INJURY

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Introduction

Open globe injury is defined as a full-thickness laceration of the eye wall which requires immediate diagnosis and treatment. It is one of the main conditions leading to acquired visual disability, especially among young adults involved in a road traffic accident.

Report

We report a case of a 25-year-old woman who presented with pain and bleeding over her right eye (RE). She was a passenger, not wearing a seatbelt. The car skidded and was thrown onto the windshield and the shattered glass hit her RE. She sustained bleeding from RE, and multiple small laceration wounds over her right forehead and cheeks. Prior to that, she had a poor vision over RE since small and has been relying on her precious left eye (LE). Upon examination, the right vision was perception of light (PL). The LE vision was 6/18. RE reverse RAPD negative. There was full thickness linear corneal-scleral laceration wound paracentrally from 10 to 2 o'clock with iris tissue plugging and total hyphaema. The left eye revealed normal anterior segment examination. Facial computerized tomography (CT) scan showed a right inferior orbital wall fracture. The patient was started on intravenous antibiotics and underwent RE corneal-scleral laceration wound exploration, toilette and suturing, and anterior chamber washout. Postoperatively, she was discharged well with PL vision on her RE.

Conclusion

Open globe injury following a road traffic accident is common in the young but happening in an amblyopic eye is a rare coincidence. Developing effective safety education and encouraging consistent adherence to road safety habits are difficult issues that require more attention.

APOTSGT39

FALLING 'DURIAN', A DANGER BEHIND A TREAT: A CASE REPORT OF GLOBE RUPTURE

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Introduction

In South East Asia, the durian (scientific name = Durio zibethinus) also known as the "King of Fruit" is a large seasonal crop. Although the smell is strong and offensive to some, the taste is considered a delicacy by many throughout Asia. The trees are abundant in remote areas where the majority of the population is unaware of the need for eye protection from the durian spines. Herein, we report a globe rupture caused by a durian fruit fall.

Report

A 54-year-old gentleman presented with a sudden loss of vision in the right eye after being hit by a durian fruit that fell from about a 12 feet-height tree. He sustained extensive corneal and multiple scleral lacerations with total hyphaema, iridodialysis, posterior dislocation of the lens, and retinal detachment. There were also multiple sites of a puncture wound on the right side of the face and right upper lid laceration. Urgent CT orbits showed a 'flat tire sign' with the posteriorly dislocated lens. Primary suturing of corneal and scleral laceration with anterior chamber washout was performed. Ultrasound B-scan performed post-operatively showed a total retinal detachment with vitreous haemorrhage. The right visual acuity remains poor post-operatively despite prompt surgical intervention initiated.

Conclusion

An eye injury from durian fruit may result in severe, debilitating ocular complications that lead to blindness. Depending on how severe the injury is, the prognosis will vary. Wearing the proper eye protection is very crucial for those managing durian plantations to prevent unfortunate situations, particularly ocular injuries.

APOTSGT40

OCCULT PENETRATING GLOBE INJURY RESULTING IN FUNGAL ENDOPHTHALMITIS - A CHALLENGE FOR THE TREATING OPHTHALMOLOGIST

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Introduction

Penetrating globe injury can lead to severe consequences such as visual impairment and endophthalmitis. We reported a case of an occult penetrating globe injury which resulted in fungal endophthalmitis and subsequently developed retinal septic spots post-treatment.

Report

A 21-year-old man presented with a complaint of right eye redness and blurring of vision after 2 weeks following a trauma, where he incidentally hit his eye during metal grinding. He initially went to a General Practice on day 3 post-trauma and was subsequently treated for conjunctivitis.

His right eye vision was 6/18 with pinhole 6/9 and left eye vision was 6/6 with negative RAPD. Right eye anterior segment examination revealed severe inflammation with the presence of hypopyon, but no entry wound was noted. The right eye fundus view was hazy with the presence of dense vitritis. The left eye examination was unremarkable.

He was treated with intravitreal (IVT) vancomycin and ceftazidime. Exploration was done under general anesthesia, where an entry wound was found at 6mm from the nasal limbus. Wound suturing, anterior chamber washout, lens aspiration, and vitrectomy were performed. Intraoperative findings included an area of vitreous abscess nasally, and no intraocular foreign body was seen. The vitreous culture was negative, however, the KOH stain showed the presence of a fungal element. Postoperatively, he received IVT amphotericin B and continued with topical vancomycin, ceftazidime, atropine, steroid eye drops, and topical amphotericin B added.

Systemic intravenous ciprofloxacin was also started. His right eye vision and ocular symptoms improved and discharged home on postoperative day 6.
The patient represented to the eye clinic after 2 weeks post-operative with a complaint of worsening right eye vision. Examination revealed yellowish ill-defined deposits along the vessels at the inferotemporal arcade which became worse over the next few days. Multiple IVT amphotericin B injections were repeated which showed improvement in his visual acuity and the retinal lesions also improved.

Conclusion

This report highlights the problems and challenges encountered by ophthalmologists following delayed presentation and diagnosis of occult penetrating globe injury.

APOTSGT41

TRAUMATIC GLOBE LUXATION: CASE SERIES

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Introduction

Traumatic globe luxation is a rare case that can happen spontaneously, but more commonly the following trauma. It can appear in a complete and incomplete form. Globe luxation has varying degrees that may be encountered in clinical practice with also varying clinical and functional outcomes.

Report

We have managed 5 cases of globe luxation with 3 complete luxation and 2 incomplete luxations. All complete luxations, unfortunately, underwent enucleation. In one case incomplete luxation achieved the 1.0 visual acuity with normal eye gaze to all directions after eye globe reposition and high dose steroid, the other patient's visual acuity only reached hand movement due to long postpone until he come to us

Conclusion

Globe luxation is an ophthalmic emergency as it is severely vision threatening. Early diagnosis and proper management by repositioning the globe and reattaching muscles may lead to a bigger possibility to regain visual recovery of the patient.

APOTSGT42

TRAUMATIC GLOBE DISLOCATION

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Introduction

Complete dislocation of an intact globe in a penetrating injury is a rare occurrence. We report a case of a foreign body penetrating through the right orbit into brain parenchyma resulting in complete dislocation of the globe into the maxillary sinus.

Report

A 29-year-old male was brought in by ambulance to the emergency department post-motor-vehicle accident with an unknown mechanism of injury. The patient's Glasgow Coma Scale (GCS) was 3/15, thus hemodynamically stabilised, intubated, and sedated in an emergency. A long black foreign body penetrated the right orbit. A computerized tomography scan showed intraparenchymal bleeding and orbital blowout fracture with an intact eyeball in the right maxillary sinus. The foreign body was removed from the right orbit after bifrontal decompressive craniectomy by the neurosurgical team. The right eyeball was enucleated in view of the partially avulsed optic nerve.

Conclusion

We are reporting this case because it is a rare situation with various operative challenges.

APOTSGT43

OEDIPISM: AN EYE FOR AN EYE

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Introduction

Oedipism is a term to describe self-enucleation. We report a case of Oedipism resulting from guilt and acute psychosis with its clinical presentation and challenges in management.

Report

A 49-year-old male inmate with underlying bipolar disorder presented with left eye bleeding following an attempt to self-enucleate his eye using his index finger. He was seeking forgiveness from his deceased father whom he murdered by returning him an eye. Eye examination was challenging as he was uncooperative. His right eye vision was counting fingers and his left eye was no light perception. The relative afferent pupillary defect was present on the left. B-scan showed vitreous hemorrhage with retinal detachment. His orbit computed tomography (CT) showed collapsed left globe with blood and dislocated fractured lens material within. He underwent examination under anaesthesia and noted severe chemosis in the left eye with conjunctival laceration from 8-12 o'clock measuring 10mm x 20mm as an entrance wound with macerated tenon fascia over it. A sclera laceration was noted beneath the superior rectus muscle. It was 18mm from the limbal at 12 o'clock and extended posteriorly measuring 13mm. Otherwise, the surrounding rectus muscles and cornea were intact with total hyphaema. Diagnosis of left eye globe rupture with posterior extension was made. Primary toilet and suturing were done. He was treated with a course of intravenous ciprofloxacin and was jointly managed with the psychiatry team. However, he was lost to follow-up.

Conclusion

Self-enucleation is rare. Its management is challenging and often associated with poor visual prognosis. Examination under anaesthesia with prior CT imaging is usually necessary for management.

APOTSGT44

FULL THICKNESS CORNEAL LACERATION WITH IRIS PROLAPSE

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Introduction

A full-thickness corneal laceration is a common hospital casualty referral in Malaysia. This case is to demonstrate timely removal of unsalvageable tissues could improve visual prognosis outcome in case of iris prolapse.

Report

A 10-year-old girl presented with left eye pain and bloody discharge associated with the sudden loss of vision. Prior to that, she had a history of vegetative materials lodged into her left eye which was then followed by aggressive eye rubbing. The left eye visual acuity (VA) was perception of light in all 4 quadrants (PL) with negative relative afferent pupillary defect (RAPD). Further examination of the left eye revealed full-thickness cornea laceration at 6 o'clock extending from the centre down to the limbus with prolapsed iris tissue. The anterior chamber was full of hyphaema. CT orbit and skull X-ray were done. The intraocular foreign body was ruled out. Emergency primary anterior chamber washout, iris repositioning with corneo-limbal toilet, and suturing were done. On post-operation day 2, worsening fibrins and anterior chamber activity was noted and a second operation including anterior chamber washout, infected iris tissue removal, and intravitreal/intracameral antibiotics injection was done immediately. Topical and systemic antibiotics were prescribed to prevent secondary bacterial infection. 6 months later, she was able to achieve the best corrected visual acuity of 6/12 over her left eye.

Conclusion

Immediate surgical repair and timely removal of unsalvageable tissues played an important role in preventing sinister complications, such as endophthalmitis, in this case. A good visual rehabilitation was achieved in this case.

APOTSGT45

STREPTOCOCCUS PNEUMONIAE KERATITIS WITH DEVASTATING SEQUELAE

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Introduction

Streptococcus pneumoniae **is highly virulent and able to adhere to corneal epithelium resulting in debilitating keratitis with poor visual outcome. We report 2 cases of** *Streptococcus pneumoniae* **keratitis.**

Case report

Case 1:

A 77-year-old man with underlying diabetes mellitus presented with acute right eye pain and redness. He had a history of phacoemulsification done 5 years ago. Ocular examination revealed visual acuity (VA) of hand movements (HM) and a peripheral, superior dense corneal stromal infiltrate from 9 to 3 o'clock from the surgical wound site with loose suture and slough. Culture and sensitivity (C&S) yielded *Streptococcus pneumoniae*. Intensive vancomycin 0.2% and moxifloxacin 0.5% eyedrops were instituted but it progressed to thinning and perforation. Tectonic penetrating keratoplasty was performed. Sequential follow-up showed intact corneal graft with no recurrence. The VA was similar.

Case 2:
A 57-year-old man with underlying diabetes mellitus presented with right eye pain and redness for two days. He had a prior history of hitting a stone. Ocular examination revealed VA of hand movements (HM) and a peripheral, c-shaped pattern temporal dense corneal stromal infiltrate with endothelial plaque. C&S yielded *Streptococcus pneumoniae.* The intraocular pressure ranged between 35–45 mmHg. Intensive ceftazidime 5% and moxifloxacin 0.5% eyedrops were instituted but the infiltrate was similar. The VA progressed to no light perception. Tectonic penetrating keratoplasty was performed with no recurrence postoperatively.

Conclusion

Streptococcus pneumoniae keratitis is a devastating condition resulting in resistance to medical management and requiring keratoplasty. Systemic diabetes mellitus is a risk.

APOTSGT46

ORBITAL ABSCESS SECONDARY TO FACULTATIVE ANAEROBES POST ORBITAL WALL FRACTURES AND SINUS WALLS FRACTURES WITH HAEMOSINUS

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Introduction

Orbital cellulitis and abscess occur most commonly secondary to infected sinusitis which is rarely described post orbital fractures. We report a rare case of orbital wall fractures with haemosinus complicated with orbital abscess.

Report

A 48-year-old healthy gentleman presented with left eye swelling, copious pus discharge, and swollen left cheek for five days. He was diagnosed to have medial, lateral, and inferior orbital wall fractures; maxillary and sphenoid sinus wall fractures with haemosinus post-motor vehicle accident 1-week prior. He was given a 1-week course of oral cloxacillin. The best-corrected visual acuity of the affected eye was 6/120 with the absence of a relative afferent pupillary defect. There was mild proptosis with massive chemosis, marked restricted extraocular movement, and associated high intraocular pressure (26 mmHg). The optic disc was not swollen but there was the presence of choroidal folds. Computed tomography of the brain, orbit, and paranasal sinuses revealed extraconal orbital abscesses and multiple facial abscesses. He was commenced on intravenous ceftriaxone and metronidazole. The incision and drainage were performed by the Ophthalmology team, otorhinolaryngology team, and oral and maxillofacial surgery team. *Streptococcus anginosus* **and** *Actinomyces odontolyticus* were isolated. Both bacteria are facultative anaerobes and normal floras of the oral cavity. Post-operatively, the swelling had subsided and the best-corrected visual acuity was improved to 6/7.5.

Conclusion

Orbital wall fracture with haemosinus can lead to severe orbital infection. Thus, early and prompt diagnosis and surgical drainage are important to rescue the vision.

APOTSGT47

"GOING BEYOND THE EYE CAN SEE". BLUNT TRAUMA SECONDARY PRESSURISED POLYURETHANE FOAM

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Introduction

Polyurethane foam (PUF) has unique properties, changing from a liquid to a hard foamy state while simultaneously expanding. It is used with a pump, in the construction sector as a sealant to fill up cracks. This report discusses the injuries and complications that occur when this chemical comes into contact with the eye at high pressure, which goes beyond the observed wound.

Report

A 43-year-old Indonesian man was involved in a workplace accident due to the failure of a pump resulting in a pressurised PUF exploding into his right eye (RE). He sustained brow and lower lid laceration wounds contaminated with foamy hard material going subcutaneously a few millimeters beyond wound margin. The ocular exam showed a nasal conjunctival laceration wound with the hard foamy material going beyond the wound within the subconjunctival to spread throughout the anterior sclera. His RE had total extraocular muscle restriction. The cornea had a total epithelial defect with almost 360 degrees of limbal ischemia. Bedside debridement revealed the extensive spread of chemical and strongly adherent within the subconjunctival region which he was then referred to an anterior segment surgeon in a different center. Intraoperative debridement further revealed that the material spread to superior, inferior, and lateral recti muscles. Extensive conjunctival excision was done sparing 10-12 o'clock and inferior rectus muscle was debrided due to necrosis.

Conclusion

This report suggests that careful evaluation and surgical planning are needed in injuries involving PUF due to the unique properties of the material. Referral to an anterior segment surgeon might be indicated if the scleral injury is suspected.

APOTSGT48

INCIDENCE OF TRAUMA CASES THAT REQUIRES INTERVENTION UNDER GENERAL ANAESTHESIA (1-YEAR RETROSPECTIVE AUDIT)

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Background

Motor vehicle accidents (MVA), workplaces and domestic injuries are major causes of ocular trauma.

Methods

A retrospective audit of patients who had traumatic ocular injuries requiring surgery under general anesthesia from February 2021 until March 2022 in the district hospital.

Results

We have studied 31 cases in total with the majority male patients. The main age group is 20-40 years old, followed by children. MVA is the leading cause, contributing 38% and followed by falls (22.5%), injuries from sharp stationeries (12.9%), and cutting grass (9%). In non-MVA group, more than half of the cases occurred domestically. Near half of the patients sustained open globe injuries with 87% resulting in poorer visual prognosis. Meanwhile, all patients with closed globe injuries with eyelids involvement had a better visual outcome. There were 2 cases of exogenous endophthalmitis reported, involving a child and an adult due to delayed presentation. They presented on day 2 and day 5 of trauma respectively. Both suffered from cornea laceration with iris prolapsed. Primary corneal toilet and suturing were done, and intravitreal antibiotics were given. Both intravitreal tap cultures revealed Staphylococcus species, even though the adult case was related to vegetation. Early vitreoretinal referral was made with good vision for the child and a better vision was

also found in adults. A total of 19% of cases required vitreoretinal interventions, while 29% required intravitreal antibiotics intraoperatively.

Conclusion

Early vitreoretinal intervention in exogenous endophthalmitis remains vital in saving sight, even in a case with delayed presentation. Both workplace and domestic ocular injuries can be prevented, with proper protective equipment.

APOTSGT49

CORNEAL BEE STING WITH RETAINED STINGER – A TREATMENT DILEMMA

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Background

A corneal bee sting is an environmental eye injury that can be blinding, while its management remains controversial. We report a case in which medical method failed and we opted for the surgical method .

Report

A 37-year-old gentleman presented with a history of a bee sting in his left eye. His vision was 6/18 pinhole 6/9. He had one retained stingers at the deep corneal stroma layer. Attempted removal at slit failed. Treatment was initiated with intensive topical steroids, antibiotics, and lubricants. Symptoms and vision worsened after 2 days, and the stinger was subsequently removed surgically. Vision improved with best-corrected vision acuity (BCVA) of 6/9 at 1 month.

Conclusion

Corneal bee sting injury management depends on the severity of the corneal reaction, the distance and depth of the stinger from the visual axis, and its external accessibility.

Neuroophthalmic Trauma (Optic Pathway, Other Nerves)

APOTSNT01

TRAUMATIC ISOLATED OCULOMOTOR NERVE PALSY – A CASE SERIES

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Introduction

Traumatic isolated oculomotor nerve palsies are rare and commonly associated with severe head trauma. It is paralysis of structures innervated by the oculomotor nerve resulting in ptosis, ophthalmoplegia, and sometimes pupillary mydriasis. We report two cases of unilateral isolated oculomotor nerve palsy after road traffic accidents.

Report

Mr. A had a moderate head injury while Mr. B had a severe head injury from their respective car accidents. Despite that, both had isolated complete unilateral oculomotor nerve palsy. There were no other neurological deficits noted. Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) of the brain and orbit showed no obvious injury to the oculomotor nerves in both patients. Mr. A was subjected to systemic corticosteroid whereas Mr. B opted for conservative management. Later, partial recovery was seen in Mr. A after 3 months; and a similar recovery was seen in Mr. B after 4 months. Hypothetically, the palsies may have risen from direct damage along the third cranial nerve or its nucleus in the midbrain. It can also be indirect damage from disrupted blood supply or biochemical responses. The time to partial or complete resolution, in general, takes an average of six to eight months.

Conclusion

The recovery rate of traumatic oculomotor nerve palsy is generally slow even after definitive treatment or rehabilitation. Both patients gained partial resolution after four months regardless of corticosteroid treatment.

APOTSNT02

JOY OR TRAGEDY. FIRECRACKER- INFLICTED TRAUMATIC OPTIC NEUROPATHY

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Introduction

Firecrackers are traditionally used as part of celebrations. However, it has led to many significant ocular injuries. Among the blinding conditions caused by firecrackers include traumatic optic neuropathy (TON) although it is either uncommon or under reported.

Report

We report two cases of firecracker- inflicted traumatic optic neuropathy, which occurred in Hospital Sultanah Nora Ismail during Hari Raya Aidilfitri 2022. A 4-year-old boy and a 29-year-old gentleman presented with blast injury by firecrackers. Visual acuity at presentation were hand movement (HM) and perception of light (PL) respectively with marked relative afferent pupillary defect (RAPD). Both patients were diagnosed with TON and were treated with high dose of intravenous methylprednisolone for 3 days. However, there wasn't much visual recovery after completion of treatment. At one month post trauma, their best corrected visual acuity were counting finger (CF) and PL respectively.

Conclusion

TON due to firecracker injury is potentially blinding and has poor visual outcome with current treatment modalities. Awareness among the public and strict law enforcement is necessary to bring down the incidence of firecracker- related ocular morbidity and blindness.

APOTSNT03

REHABILITATION OF THE OPHTHALMIC TRAUMA PATIENT IN THE ACUTE SETTING: A CONCEPTUAL FRAMEWORK

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Introduction

Ophthalmic trauma is leading cause of monocular blindness. Patients who experienced ophthalmic trauma face visual, functional, emotional and psycho-social impacts. This case describes an integrated and multidisciplinary approach to managing and rehabilitating a young trauma in a tertiary hospital. A conceptual framework of post-trauma rehabilitation is described.

Report

The patient is a 22-year-old male undergraduate who suffered blunt trauma to his right eye while fencing. During the accident, had removed his fencing mask and only worn his regular spectacles. On emergency admission, right eye visual acuity was no perception of light (NPL) and left eye was 6/6. Radiological imaging showed a traumatic optic neuropathy with retrobulbar hemorrhage. Canthotomy and cantholysis were initiated, and an optic nerve sheath fenestration was also performed. Retinal electrophysiology was performed and showed optic nerve function loss.

Two days later, the vision rehabilitation team was activated to see the while he is recovering in the ward. The optometrist met the patient and his father at bedside. His visual acuity was NPL in right eye and 6/6 in left eye with normal ocular motility and smooth pursuits and accurate saccades. The patient's half-rimmed spectacles were still intact. The optometrist counselled on the implications of reduced stereopsis and visual field loss secondary to acute monocularity. Strategies to overcome these deficits and indications for in-patient vision rehabilitation were also discussed. The optometrist advised on proper, standard eye protection and polycarbonate lenses for his spectacles to protect his fellow eye.

Subsequently, the medical social worker counselled the patient at bedside. He had good insights to his trauma experience and continued developing ways to work around his limitations after the trauma.

The occupational therapist provided in-patient vision rehabilitation therapy to work improve his functional vision and mobility status. Visual scanning therapy, fine motor skills training and mobility training were provided. The patient enquired if he could be registered as legally blind. The occupational therapist counselled him on this medico-legal aspects and advised him to bring a medical memo instead to explain his eye condition and visual status.

After discharge, the patient continued to receive outpatient vision rehabilitation with the occupational therapist. He has returned to fencing within 3 months and will be resuming his studies.

Conclusion

This case highlights a dynamic approach to rehabilitating a trauma patient in the acute setting. This approach adopts an interdisciplinary approach that integrates the fields of ophthalmology, optometry, occupational therapy and social work. Beyond surgical interventions, this case emphasises the critical role of early, comprehensive rehabilitation in the acute phase to address the multiple and complex needs of ophthalmic trauma, particularly in a young patient. Continued follow-up care and rehabilitation is also needed for the patients' return to social participation after discharge.

APOTSNT04

"CRASHED, LANDED, AND BLINDED"

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Introduction

Traumatic optic neuropathy (TON) is a serious vision threatening condition that can be caused by either ocular or head trauma, and can be classified into direct and indirect injury. We are presenting a case of an ill-fated patient who sustained TON over his left eye.

Report

A 15-year-old boy was brought in to the Emergency Department following a high-impact motorcycle crash with another car. Patient was a pillion rider without helmet. He was thrown forward and landed facedown. He complained of sudden loss of vision on his left eye shortly after the accident. His visual acuity on the right eye was 6/9, while no perception of light with presence of relative afferent pupillary defect (RAPD) on the left eye. External examination showed left periorbital hematoma. Extraocular movements of both eyes were full. Anterior segments and fundus examination were unremarkable bilaterally. Computed tomography scan revealed left temporal extradural haemorrhage, left lateral orbital wall fracture and multiple facial bone fracture. There was no optic nerve impingement or intraconal bony fragments. The patient was commenced on intravenous methylprednisolone 250 mg q.i.d. for 3 days in view of left eye TON. Subsequently oral prednisolone 1 mg/kg was given for 11 days. However patient did not regained his vision.

Conclusion

Management of TON in patients with intracranial bleed should be individualised depending upon the time of diagnosis and general condition of the patients. Cautious administration of high dose intravenous steroids may be considered when the benefits outweigh the risks.

Orbit & Orbitofacial Trauma

APOTSOR01

AN UNUSUAL CASE OF METALLIC INTRA ORBITAL FOREIGN BODY REMOVAL: A MULTIDISCIPLINARY APPROACH

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Introduction

Ocular injury is a major cause of treatable visual impairment and blindness. More than 6,00,000 sports and recreation associated ocular trauma occur every year and 42,000 of these cases require urgent emergency room attention. This article reports an unusual case of metallic brace impacted in the lateral orbital wall in toto due to injury while playing where timely and multidisciplinary approach led to good surgical recovery.

Report

A 16-year-old male came with an accidental trauma to his right eye with a kada (metallic wrist brace) while playing volleyball with the brace stuck below his right eye causing pain and swelling. CT Orbit and 3D reconstruction of midface showed a linear undisplaced fracture involving lateral wall of orbit and hyperdense foreign body (wrist brace) seen in the floor of right orbit with its end impacted within lateral wall and other end resting over the skin on the temporal aspect. Under general anaesthesia, supervised by otorhinolaryngologist and plastic surgeon, metallic brace was removed in two parts with H rod cutter causing no iatrogenic damage to surrounding structures resulting in a best corrected visual acuity of 6/6 in right eye postoperatively

Conclusion

Original aspects of this case are location of the intact brace near surrounding vital structures, peculiar shape of the object challenging its removal and using a multi-disciplinary approach for the same preventing damage to the adnexae despite its large size.

APOTSOR02

AIRBAG-INDUCED ORBITAL INJURY-A CASE REPORT

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Introduction

Automobile airbags which are designed to protect vehicle occupants have been implicated in some serious ocular injuries.

Report

A 30-year-old Indian male with no known premorbid, was involved in a motor vehicle accident. He was the driver in the car. The mechanism of injury was unclear. Post trauma, patient sustained right eye sudden loss of vision associated with pain on extraocular muscle movement. On examination, right eye visual acuity was hand movement with positive relative afferent pupillary defect. There was mild periorbital swelling with mechanical ptosis and limited movement of right eye extraocular muscles towards lateral and superior gaze. Right eye was chemosed with mid-dilated pupil. Intraocular pressure was normal. There was no fundus view initially due to vitreous haemorrhage. Left eye was normal. CT brain and face revealed multiple facial bones fracture including right lateral wall of orbit, floor of orbit and zygomatic complex. There was a thick curvilinear hyperdense structure in right maxillary sinus tracking superiorly towards orbital floor compressing optic nerve. However, globe was intact. Surgery performed and a round shaped metal with irregular sharp borders was removed from right posterior maxillary wall. Right upper labial and buccal sulcus lacerations were the possible entry site. Closed reduction and fixation were performed for all facial bone fractures. The metal piece was identified as airbag cover that dislodged following high impact motor vehicle accident and caused orbital floor fracture as well as optic neuropathy.

Conclusion

Airbags are continually being researched and redesigned to improve effectiveness and safety.

APOTSOR03

PROPTOSIS IN A CHILD SECONDARY TO TRAUMATIC SUBGALEAL HAEMATOMA WITH PERIORBITAL EXTENSION – A CASE REPORT

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Introduction

We report a case of bifrontoparietal subgaleal hematoma with left orbit extension in a child, complicated with proptosis, extraocular muscle restriction and exposure keratopathy.

Report

A 2-year-old boy with no known medical illness presented with scalp swelling for 2 days after falling down head first in the playground, followed by left eye proptosis for 1 day. On examination, there was large diffuse frontal scalp swelling. Ocular examination revealed left eye supraorbital fullness and non-axial proptosis. No relative afferent pupillary defect observed. Left eye exposure keratopathy was present. Superior gaze was limited with mild limitation over abduction and adduction. Intraocular pressure and fundus were normal. MRI brain and orbit revealed bifrontoparietal subgaleal hematoma with left extraconal extension, compressing and displacing the left globe and superior rectus muscle. The blood investigations including full blood count, coagulation profile, factor VIII, IX and Von Willebrand factor were normal. Needle aspiration of the scalp hematoma was performed but failed to improve the proptosis. He was treated conservatively with ointment Chloramphenicol 1% and artificial tears for the exposure keratopathy, which was recovered completely in 2 weeks. Proptosis was resolved completely after 3 months with residue upper eyelid fullness. Visual acuity using Cardiff test was 6/12 both eyes.

Conclusion

Delayed proptosis may be preceded by subgaleal hematoma due to periorbital extension. Underlying coagulopathy needs to be ruled out. Most patients have spontaneous resolution without surgical intervention but close monitoring is required to monitor for possible ocular complications such as orbital compartment syndrome and exposure keratopathy.

APOTSOR04

MY EYELID PUFFED UP WHEN I BLEW MY NOSE!

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Introduction

Orbital emphysema is a recognised complication of orbital wall fractures. However, its clinical signs may be elusive and may be missed without good history taking and clinical suspicion.

Report

A healthy 34-year-old amateur boxer presented with 3 days history of left eye pain and reduced vision following a boxing match, where his opponent had delivered a sharp blow to his left eye. Further history taking interestingly revealed that several hours after the incident, the patient blew his nose and felt the skin around his eye "puffed out". This had later resolved by applying pressure on the eyelid. On examination, his visual acuity was 6/6 on the right and 6/10 on the left with no other signs of optic nerve dysfunction. The left eyelid was slightly erythematous but there was no obvious eyelid swelling, crepitus or palpable bony step-off around the orbital rim. There was no proptosis or restriction of extraocular movement. The ocular findings of both eyes were otherwise unremarkable, while intraocular pressures were also within normal limits. In light of the mechanism of injury and abrupt onset of eyelid swelling after nose blowing, there was a high level of suspicion for an orbital fracture with concomitant orbital emphysema. A computed tomography of the orbits was thus performed, showing left lamina papyracea fracture. He was treated conservatively and instructed to avoid nose blowing.

Conclusion

Orbital wall fractures could be missed without comprehensive history and good clinical acumen as the examination findings may be subtle or appear normal.

APOTSOR05

ORBITAL EMPHYSEMA AND PNEUMOCEPHALUS CAUSED BY INDUSTRIAL INJURY (COMPRESSED-AIR HORSE)

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Introduction

Orbital emphysema caused by compressed-air horse had been reported in the literature. Orbital emphysema is usually benign and self-limiting condition, but it can also cause distressing clinical conditions.

Report

A 42-year-old male, presented with left peri-orbital swelling and left sided facial pain after allegedly compressed air horse hit over his left eye few hours before. On examination, the visual acuity was 6/9 on both eyes. Intraocular pressure was 17 mmHg in right eye and 48 mmHg in left eye. In the anterior segment examination, swelling around the left eye, proptosis, crepitation, tenderness and pain were present. In the slit-lamp examination, small superficial conjunctival laceration seen in the inferior left eye. A computed tomography of brain and facial was done and showed left orbital and facial emphysema with pneumocephalus with no facial bone fractured. The patient was admitted to ophthalmology ward. Treatment consists of medical treatment and eye drop to lower the left intraocular pressure and treated with systemic antibiotic. The patient was discharged on the 4th day in stable condition. The patient was given follow up with a course of oral antibiotic and anti-glaucoma medication. Surgical repair and decompression were not performed, and several weeks later the patient was doing well without sequela.

Conclusion

Orbital emphysema generally is a benign pathology that can resolve spontaneously without surgical repair and decompression. This case illustrates yet another industrial hazard, highlighting the necessity for correct ocular protection. Fortunately, the air was absorbed within 1 month without sequela.

APOTSOR06

TRAUMATIC PROPTOSIS WITH PARTIAL OPTIC NERVE AVULSION: A RARE CASE REPORT

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Introduction

Traumatic proptosis of the eye globe is a rare ocular condition with the optic nerve remaining intact into the anterior, where the muscles and optic nerve are partially severed. It is an unusual condition that needs immediate surgical intervention. We reported a rare case of traumatic proptosis with enucleation as a surgical approach.

Report

A 6-year-old boy was admitted to the emergency department due to protrusion of his left eyeball when he allegedly bumped into the doorknob three days before. Post-trauma, he complained of the left eye (LE) with pain, bleeding, total vision loss and full-thickness laceration 2x3 mm on the upper lid, 4 mm above the lid margin. On examination, noted visual acuity right eye (RE) was 5/60 (bedside), and LE could not be assessed. All LE movements were grossly restricted. Other anterior and posterior segments examination of RE within normal limit. Computed tomography scan of orbit confirmed displaced LE globe with total rupture of the extraocular muscle and partial optic nerve avulsion without any orbital fracture. The prior enucleation was performed under general anaesthesia following upper eyelid reconstruction.

Conclusion

Traumatic proptosis is a rare condition caused by the high energy of orbit trauma resulting in severe damage to the globe, globe avulsion and loss of vision. The enucleation was performed as a surgical approach because of incongruous clinical repositioning.

APOTSOR07

INTRAORBITAL FOREIGN BODIES: A CASE SERIES OF UNFORTUNATE EVENTS

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Introduction

Intraorbital foreign bodies are a common result of trauma and can cause significant ocular morbidity. Foreign bodies may be organic or inorganic. When left in the orbit they can remain asymptomatic or cause serious complications such as the loss of an eye.

Report

We report the various presentation of 6 intraorbital foreign body cases and the surgical outcome encountered in Hospital Serdang. 2 of the cases had intraconal foreign body while the remaining 4 were extraconal. 2 of the cases were organic foreign bodies namely wood while the inorganic foreign bodies were metal (3cases) and glass (1 case). Both cases with organic foreign bodies had surgical removal in a delayed setting while the non-organic foreign bodies were removed within 3 days after initial presentation. Only one patient had resultant blind eye, due to the involvement of the globe, the remaining 5 had good visual outcome.

Conclusion

Loss of vision in intraorbital foreign body is usually a result of globe involvement. Early surgical exploration and foreign body removal affects the visual prognosis and final outcome. Organic intraorbital foreign bodies poses a great challenge due to its diverse manifestations thus its tendency to be missed during the initial visit. Its' delayed diagnosis can cause higher risk of orbital infections.

APOTSOR08

ORBITAL FLOOR FRACTURE

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Introduction

Orbital floor farcture are common: it is estimated that about 10% of all facial fractures are isolated orbital wall fractures and that 30-40% of all facial fractures involve the orbit. Patients who suffer blunt trauma to the globe or periocular area, especially directly on the globe or on the cheek, are at risk of developing an orbital floor fracture.

Report

A 49 years old male patient complains secretive left eye since two months before hospital admission. Patient is known with anophthalmic socket since 2014 due to sharp trauma on the left eye and left cheek. Orbital CT scan showed foreign body of the left orbital floor with maxillary bone fracture. Patient was referred to ear, nose, throat (ENT) department with diagnosis of communitive fracture of maxillo-facial and foreign body in maxilla penetrating orbital floor. Collaborative surgery was done by ENT surgeon and ophthalmologist. During maxillofacial exploration, metal pieces from a grinder was found inside maxillofacial space. Foreign body was extracted, maxillary sinus was cleared from granulomatous tissue, and an implant was applied on maxillary bone.

Conclusion

Almost all patients will report recent trauma to the eye or the midface prior to the occurrence of the fracture. In cases of occult fractures discovered incidentally or years after the injury, the patient may have no recollection of the actual traumatic incident. Most patients who suffer an orbital floor fracture—even those requiring surgical repair—have good outcomes.

APOTSOR09

DISPLACED BONY FRAGMENTS IN ORBIT

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Introduction

Orbital roof fracture with displaced bony fragments into orbit are distinct, but rarely discussed clinical entity. Many of the times, these fractured bony fragments act as autologous foreign bodies, associated with raised intraorbital pressure, cause displacement of globe and impingement or entrapment of extra ocular muscles leading to external ophthalmoplegia. Early recognition and management of these fractures is crucial. The authors highlight the clinical features and management of four cases of blow in fractures with displaced bony fragments into orbit presenting to a referral centre in India.

Report

All four patients had displaced bony fragments in superior orbit as a result of head trauma. The bony fragments assumed different directions within the orbit with varying degrees of depth, one causing piercing of superior rectus muscle. The displaced bone fragment acted as an autologous foreign body in 1 patient restricting depression of the globe. The globes were displaced inferiorly in 3 patients, limited elevation was seen in 3 patients. All these patients underwent wound exploration through orbital approach. The displaced bony fragments were removed, and the orbit was decompressed. The globe position was improved with regained ocular motility for all the patients.

Conclusion

Displaced bony fragments in orbit pose difficult diagnostic and therapeutic challenges. Thorough investigation for displaced bony fragments in the orbit must be done before any attempted orbital fracture repair. Management of such cases, at times, calls for innovation in decision making and formulation of strategies.

APOTSOR10

A NEAR MISS: SOCKET THE SAVIOUR

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Introduction

Every structure of the eye is important and has its own function, including the socket of our eyes – orbital wall. Orbital wall plays an undeniable salient role as a house for our eyeballs, sheltering and protecting them from all danger.

Report

A 12-year-old Indian boy, with no previous comorbidities, sustained alleged penetrating injury by an arrow over left temporal region while he was playing archery with his friend in front of his house. Post trauma he had no eye complaints. He was then referred to our ophthalmology department for eye assessment. On examination, there was an arrow over his left temporal region, penetrating through and through, posteriorly from zygomatic arch to 5mm lateral to the left lateral canthus anteriorly. However, he was very fortunate to have good visual acuity and intact extraocular movement. Anterior and posterior ocular examination were unremarkable as well. Skull X-ray revealed a penetrated arrow next to his left orbit. He was then referred to plastic surgery team for removal of the arrow. Post operatively, patient was discharge well.

Conclusion

Ocular trauma in children accounts for 7% of all physical injuries and is one of the common causes of acquired blindness in children. Care should be taken by parents to avoid ocular trauma from happening, and if it is unavoidable, immediate action to seek for medical attention should be undertaken.

APOTSOR11

THE UTILITY OF CONE BEAM COMPUTED TOMOGRAPHY (CBCT) FOR SOFT TISSUE AND BONY TRAUMA– SEEING IS BELIEVING

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Background

In recent years, cone beam computed tomography (CBCT) has been of interest for the oromaxillofacial surgeon with regards to evaluation of post-surgical correction of facial fractures. However, this remains a point of contention in ophthalmic trauma, where Computed Tomography (CT) remains the standard imaging of choice. This is in part attributable to perceived superiority over CBCT for soft tissue definition. We propose that the CBCT holds immense potential for application in this regard.

Methods

All subjects who were sent for CBCT in a single unit were included in this study from 2020 to 2022 with an aim to determine utility of the CBCT for diagnostic and post-therapeutic evaluation as points of interest towards soft tissue and bony analysis. Images were read off a computer software (Osirix™). Indications, stage of care as well as diagnostic capacity of the modality was assessed.

Results

16 subjects had CBCT performed. 6 individuals underwent CBCT for post trauma facial fracture evaluation. Of these, 1 had a CBCT performed for diagnostic purposes, and 5 others had theirs performed post surgically. These included both bioresorbable and titanium implants. Of the remaining 10, CBCTs were performed for evaluation post dacryocystorhinostomy, post orbital decompression for thyroid eye disease, diagnosis of a dermoid cyst and socket evaluation.

Conclusion

The CBCT is a useful tool and modality for a quick evaluation for both bony and soft tissue orbital and facial structures and should be considered post operatively for adequacy of reduction of facial fractures, as well as diagnostic purposes should intraoperative imaging not be required, as there is reduced radiation and cost, as well as increased speed and ease at which the scan and images may be performed and obtained.

Others

APOTSOT01

A CAT LOVER'S TALE

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Introduction

Animal-induced ocular and adnexal injuries are not commonly described. We report a case of a domestic cat scratch ocular trauma resulting in lateral rectus (LR) muscle injury.

Report

A 67-year-old female patient presented to the Emergency Department with accidental trauma by her domestic cat. She explained that while playing with her cat, the cat swung a paw at her left eye causing severe pain, bleeding, double vision, and a lot of anxiety. There was no blurring of vision in either eye. On examination, the left vision was 6/18 while the right vision was 6/12. Due to severe pain, we managed to get a quick glance at the left eye. It showed left conjunctival laceration from the limbus extending laterally with overhanging adnexal tissue and shiny LR aponeurosis. We then proceeded with Examination Under Anaesthesia (EUA) and confirmed our findings. The patient sustained full thickness conjunctival laceration wound and splitting of the LR muscle belly with torn aponeurosis. Fortunately, the sclera and uvea were intact. We managed to repair the split muscle fibres and surrounding tissue. Her lateral gaze diplopia persisted for a few months. The right eye was normal. The patient had good post-operative recovery with gradual resolution of diplopia until completely healed.

Conclusion

In cases of extraocular muscle injuries in animal-induced ocular trauma, patience is vital to look for signs of subtle improvement to avoid unnecessary treatment and manipulation of tissues.

APOTSOT02

SMOKING AND COMPLICATED TRAUMATIC HYPHEMA

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Introduction

To report a case of persistent hyphaema in a healthy adult post ocular blunt trauma who is a heavy smoker.

Report

A healthy 38-year-old Chinese gentleman who is a 210-pack-year smoker presented with right eye periorbital hematoma following an alleged motor vehicle accident. He sustained right eye blunt trauma with grade 3 hyphaema complicated with raised intraocular pressure. On examination right eye visual acuity was hand movement with no optic nerve function disruption. Computed tomography of the brain showed a right medial orbital wall fracture. Topical cycloplegic, steroid, antibiotic, and intraocular pressure lowering agents were commenced. He was admitted to the eye ward with strict bed rest in a prop-up position. Intraocular pressure is reduced after initiation of intraocular pressure lowering agents. However, noted recurrent hyphaema started on day 4 post-trauma, in which hyphaema improved in the morning but recurred throughout the day. This condition persisted until day 14 post-trauma despite commencing on the antifibrinolytic agent. Blood investigations revealed a normal full blood count and no coagulopathy. Gonioscopy was done but the source of bleeding was not found. The patient stopped smoking during the hyphaema period and visual acuity improved to 6/36 with resolving hyphaema level and formation of the fibrovascular sheath.

Conclusion

Smoking may cause persistent hyphaema and complicates with increased intraocular pressure. Therefore, patients should be advised to stop smoking in cases of prolonged hyphaema.

APOTSOT03

PTERYGIUM SURGERY: COMPLICATIONS FROM THE USE OF CYANOACRYLATE GLUE IN CONJUNCTIVAL GRAFTING – A CASE REPORT

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Introduction

Pterygium is a wing-shaped fibrovascular tissue overgrowth of the conjunctiva which crosses over the nasal or temporal limbus or both, onto the cornea surface. The pathophysiology suggests the effect of ultraviolet B on limbal cells, leading to the production of interleukins and growth factors which are linked to inflammation, blood vessel formation, cellular proliferation, and anti-apoptosis, Multiple surgical techniques have been described for pterygium surgery.

Report

We report a case of a 70-year-old lady who presented with a left eye, intermittent discomfort, and foreign body sensation for the past 10 years, which worsened over the past 1 year. She claimed she only had a left eye pterygium surgery done 20 years ago and it was uneventful. She denies any history of ocular trauma. On examination, an exposed greyish conjunctival foreign body was seen nasally to the limbus of the left eye, which was hard in consistency and strongly adhered to the sclera. She underwent surgical removal of the foreign body and conjunctival grafting. The removal was delicate and time-consuming as the scleral base was very thin and the foreign body adhered to the anterior part of the medial rectus. The foreign body was a cyanoacrylate-like material. A conjunctival graft was placed over the bare scleral area. The surgery was uneventful. She recovered well and remained symptom-free.

Conclusion

The usage of cyanoacrylate glue in pterygium surgery is not recommended in view of the postoperative complications, and in the future may require a complicated surgery to rectify.

APOTSOT04

SPECTRUM OF FIRECRACKER EYE TRAUMA IN BATU PAHAT

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Introduction

Firecrackers are small explosive devices primarily designed to produce a large amount of noise, usually for celebration or entertainment, especially during the festive season. Firecrackers can cause both chemical and blast trauma to ocular and periocular tissues.

Report

We report a series of six firecracker-inflicted ocular injuries from Batu Pahat during the Hari Raya Festival in the year 2022. A variety of ocular injuries, such as skin burn, corneal abrasion, hyphaema, traumatic uveitis, iridodialysis, angle recession, traumatic cataract, vitreous haemorrhage, commotio retinae, and traumatic optic neuropathy were observed. Visual acuity at presentation varied from as good as 6/6 to perception of light (PL). While the majority of the cases were treated as outpatient, two traumatic optic neuropathy cases were admitted for intravenous methylprednisolone.

Conclusion

Firecrackers are dangerous explosives and can cause serious chemical and blast injuries to the eyes. Early and prompt management is crucial but primary prevention is of utmost importance. Public education regarding the proper use of firecrackers and the devastating effects of firecracker-inflicted ocular injuries may help in reducing significant morbidity.

APOTSOT05

SYMPATHY LEADS TO WORRY

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Introduction

Sympathetic ophthalmitis is a rare complication following traumatic eye injury with uveal tissue incarceration. Its occurrence is unpredictable and reported to occur anytime from as early as 5 days to several years following injury.

Report

A 21-year-old Malay man underwent uneventful left eye cornea toilet and suture for left eye cornea laceration with uveal prolapse. Post-operatively, left eye showed improving vision and redness with visual acuity 4/60 ph 6/9. However, 2 months post-surgery, he presented with bilateral painless eye redness with blurring of vision. Visual acuity in right eye was 6/9 and left eye was 4/60 ph 6/36. Bilateral eyes showed non-granulomatous anterior uveitis which was worse in the right eye. Bilateral intraocular pressures were normal. There was bilateral optic disc swelling. Right eye vitreous and retina was clear. B-scan showed left eye vitreous hemorrhage. Enhanced Depth Imaging-Optical Coherence Topography (EDI-OCT) showed thickened right choroid. Fundus florescence angiography (FFA) and indocyanine green angiography (ICGA) showed right hot disc and multiple hypo-florescence and hypo-cyanescence dots at mid-periphery. He was started on high dose oral prednisolone and oral azathioprine. He showed tremendous recovery on bilateral eye inflammation with final visual acuity 6/6 in right eye and 6/30 ph 6/12 in left eye.

Conclusion

Meticulous eye examination following traumatic ocular injury can detect early cases of sympathetic ophthalmitis. Multimodal imaging are useful tools to diagnose it early prior to clinical symptoms and signs. Early administration of high dose steroid and immunomodulatory agent can prevent bilateral eye blindness form this devastating condition.

APOTSOT06

OPTOMETRIC VISION THERAPY FOR POST-TRAUMATIC VISION SYNDROME

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Introduction

Post-traumatic vision syndrome (PTVS) is a class of vision-related deficits sustained after a traumatic brain injury (TBI), including ophthalmic/facial trauma. This case describes the clinical outcomes of optometric vision therapy after ophthalmic trauma and TBI.

Report

A 25-year-old male patient who suffered ophthalmic trauma and mild TBI following a traffic accident presented with reading difficulty, focusing at distance, occasional nausea, and light sensitivity. His visual acuity was 6/6 in both eyes and his Convergence Insufficiency Symptom Survey (CISS) score was 47. Prism cover test shows orthophoric at distance and near.

His near point of convergence (NPC) was 12cm and his near point of accommodation (NPA) was 16cm. His convergence facility (CF) was 0 cycle per degree (cpd) with 3 base-in/12 base-out prism flippers. His accommodative facility (AC) with a +/-1.5D lens flipper was 10 cpd. The patient was administered fifteen one-hour in-clinic vision therapy sessions. Each therapy session began with a warm-up train that include visual scanning, tracking, saccades, pursuits, and, searching.

After completing the vision therapy sessions, the patient's CISS score was 34. His near point of convergence (NPC) was 8cm and his near point of accommodation (NPA) was 12cm. His convergence facility (CF) was 9 cycle per degree (cpd) with 3 base-in/12 base-out prism flippers. His accommodative facility (AC) with a +/-1.5D lens flipper was 18 cpd. He was prescribed photochromatic lenses and reported improved aesthenopic symptoms post-therapy.

Conclusion

Optometric vision therapy is a feasible and beneficial intervention for ophthalmic/facial trauma patients with PTVS.

APOTSOT07

SUCCESSFUL SELF-ENUCLEATION – A CASE REPORT

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Introduction

We reported a rare yet interesting case of digital self-enucleation.

Report

A 29-year-old male with underlying substance abuse was brought to the emergency department with an enucleated left eye. He was unwell for four days prior to the presentation. He had irrelevant speech with auditory and visual hallucinations. He believed that he was possessed by a supernatural power who described his left eye being evil. Then he proceeded with digital self-enucleation of his left eye. On examination, the left eyeball was completely enucleated from the left socket with intact cornea, sclera and 4 cm of the avulsed optic nerve. Severed edges of all the extraocular muscles were identifiable. The left anophthalmic socket had minimal bleeding and haematoma with remnants of the tarsal conjunctiva visible. There were also present of superior and inferior lid margin laceration wounds involving the medial canthus which were sutured and repaired. Systemic examination was unremarkable and blood culture was negative. Computed tomography of the brain revealed subarachnoid haemorrhage and the remaining left optic nerve was seen with patchy hyperdense foci. He was co-managed with the psychiatric department and diagnosed with amphetamine-induced psychosis. The patient was started with intravenous cefuroxime 1gram twice a day for one week to prevent infection.

Conclusion

Attempted and completed self-enucleation is a rare but devastating form of self-mutilation behaviour. It is usually associated with underlying psychiatric disorders, particularly schizophrenia, substance-induced psychosis, and bipolar disorder. A multidisciplinary approach is vital in the management of this severe self-mutilation behaviour.

APOTSOT08

CASE REPORT- AN UNUSUAL EYE TRAUMA CAUSED BY SANDPAPER

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Introduction

This case reports a high velocity penetrating ocular trauma caused by sandpaper while sanding wood. Sanding is important to remove blemishes, shape, and level wood. However, it may cause permanent visual impairment if proper safety precautions are not taken.

Report

A 35-year-old gentleman presented with right eye sudden blurring of vision associated with redness, pain, and foreign body sensation for the past 8 hours. Symptoms occurred immediately after being struck by sliced sandpaper which dislodged from a fast-rotating sander machine while polishing a wooden table. The patient was not wearing any protective eye shields or goggles during the incident. Visual acuity of the right eye was HM (hand movement) with negative reverse relative afferent pupillary defect. Anterior segment examination of the right eye revealed multiple minute foreign body particles sandwiched between the self-sealed full-thickness shelving corneal laceration wound. There was also the presence of traumatic uveitis and mydriasis. Fundus examination of the right eye revealed minimal vitreous hemorrhage inferiorly, the presence of commotio retinae along the superior arcade and macula. The patient underwent emergency cornea toilet and suturing with the removal of a foreign body. Post-operative vision remained poor (HM). On a further note, interestingly on OCT macula, there was scarring and retinal atrophy on day 10 of trauma.

Conclusion

This case report highlights an unusual ocular trauma caused by sandpaper involving the anterior segment and posterior segment where macular atrophy and scarring preceded much earlier than usual.

Posterior Segment (Retina/Vitreous/Choroid)

APOTSPS01

WORK-RELATED PENETRATING EYE INJURY WITH INTRAOCULAR FOREIGN BODY: A CASE SERIES

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Introduction

Penetrating eye injury and intraocular foreign body (IOFB) are serious ocular conditions that can potentially cause permanent vision loss. Any job that involves metal fragments or other small, hazardous substances carries a risk of eye injury, thus these injuries are commonly seen among younger individuals who work in industrial workplaces.

Report

We report three cases of young males with ages ranging from 25 to 32 years, who presented with a history of ocular trauma at the workplace and complained of reduced vision and pain in one eye. Examinations revealed full-thickness corneal laceration and iris trauma. B-scan ultrasound evaluation of the affected eyes revealed the presence of IOFBs. These findings are consistent with the images seen on computed tomography (CT) scan of orbit for 2 patients, while one was reported to have no IOFB seen on the imaging, despite repeated B-scan ultrasounds were still highly suggestive of posterior segment IOFB. All 3 patients underwent pars plana vitrectomy. IOFBs were successfully removed in 2 patients, however, for one, the IOFB was not removed and was left embedded in the retina.

Conclusion

It is crucial to have a high index of suspicion for IOFB in penetrating eye injuries. Timely diagnosis and subsequent treatment can reduce the risks of significant complications. Clinical examination is often limited by the complexity of the injury; thus, imaging plays an important role in the detection and evaluation of IOFBs. Although most IOFBs are metallic in origin, one must bear in mind that organic materials are also common culprits and have greater challenges in detection.

APOTSPS02

A RARE CASE OF SPHINGOMONAS PAUCIMOBILIS ENDOPHTHALMITIS POST PENETRATION OCULAR TRAUMA

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Introduction

Post-traumatic endophthalmitis is a known catastrophic complication post-trauma and 5.2% developed endophthalmitis after an ocular penetrating injury without an intraocular foreign body. Gram-positive cocci are the commonest organism for post-traumatic endophthalmitis, while *Sphingomonas paucimobilis* is a common nosocomial infection.

Report

A 36-year-old gentleman presented with right eye pain and redness for the past three days post ocular penetrating injury by the metal brush from the grinding machine. His right eye visual acuity was 6/12. Slit-lamp examination revealed nasal conjunctival superficial laceration with hypopyon and a fibrinous membrane covering the pupil with no fundal view. The initial B-scan was unremarkable. His visual acuity deteriorated to hand movement within 5 days despite on topical and oral antibiotics, with worsening signs of ocular infection. Gonioscopy showed blood streak from 4 to 5 o'clock. B-scan revealed dense vitreous infiltration. Intravitreal tapping was initiated on the same day and revealed a straw-colored vitreous. Vitreous C&S subsequently identified *Sphingomonas paucimobilis*. CT Orbit showed no evidence of intraocular foreign body with an air pocket seen within the right sclera. The patient was given intravitreal antibiotics injections and planned for vitrectomy, unfortunately, the patient opted for conservative management. Therefore, intravitreal antibiotics were repeated every 48-72 hours.

Conclusion

Reporting a rare case of *Sphingomonas paucimobilis* organism in post ocular trauma endophthalmitis.

APOTSPS03

AIRBAG-ASSOCIATED INJURIES – A CASE OF TERSON SYNDROME IN A THREE-MONTH-OLD BOY

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Introduction

The airbag is an inflatable cushion built into a vehicle to protect its occupants in the event of a collision. It is a supplementary restraint system that works together with other systems to protect occupants in a vehicle. However, airbags can result in critical injuries to young children and for this reason, children under the age of twelve must be seated in a child restraint system (CRS), preferably in the rear passenger seat. Here, we report a case of a three-month-old boy who unfortunately developed Terson syndrome after an alleged motor vehicle accident (MVA).

Report

A three-month-old baby boy was involved in a high-impact, head-on collision while he was in his mother's arms. They were seated in the front passenger seat. The crash resulted in the deployment of the airbag which struck the baby. He sustained multiple severe injuries, including acute traumatic intracranial haemorrhages and required admission to the paediatric intensive care unit (PICU). He was unable to fixate or follow visual stimuli. Anterior segment examination of both eyes was unremarkable. Dense vitreous haemorrhage in both eyes hampered fundus examination. B-scan showed bilateral dense vitreous haemorrhage with probable pre-macular haemorrhage in the left eye. He is planned for a vitrectomy soon.

Conclusion

The correct use of a CRS has been proven to reduce or prevent injuries to child occupants in vehicular collisions. Despite being mandated by law, its adaptation and use have remained low. Its usage should be encouraged to help safeguard children's safety on our roads.

APOTSPS04

PHACOANAPHYLACTIC UVEITIS POST OCULAR BLUNT TRAUMA

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Introduction

Traumatic rupture of the lens capsule is rare and can lead to phacoanaphylactic uveitis. We report a case of phacoanaphylactic uveitis 7 months after ocular blunt trauma.

Report

A 59-year-old male skidded a motorbike and hit his forehead against the ground. Subsequently, he noticed a worsening of vision in the left eye with a white pupil. He presented to us 7 months following the incident with eye redness. Examination of the right eye was normal, and the left eye had hand motion vision. The crystalline lens was dislocated into vitreous, with fibrosis of the anterior lens capsule and folded posterior capsule. The cornea was clear, the anterior chamber (AC) was deep, and cells were 2+. Vitreous clump was noted in AC as well. The pupil was round and dilated. No keratic precipitates or hypopyon were observed. Intraocular pressure (IOP) measured 16mmHg. Fundus's view was poor due to media opacity. B-scan revealed vitreous opacities and suspicious lens matter in the vitreous, otherwise, the retina is flat. A pars plana vitrectomy, anterior and posterior capsulotomies, and vitreous biopsy were performed. Intraoperative findings revealed lacy pattern silvery white crystalline materials deposited along the retinal vessels. The retina and optic disc were normal. Vitreous fluid cytology showed lymphocytes and foamy macrophages with no malignant cells seen. Our impression was left eye phacoanaphylactic uveitis with complete resorption of the dislocated crystalline lens. 6 months postoperatively, he underwent scleral fixation of the intraocular lens. At the final follow-up, his vision was 6/12.

Conclusion

Phacoanaphylactic uveitis is rare nowadays, however, it is potentially curable.

APOTSPS05

IN THE BLINK OF AN EYE: A CASE OF POST-TRAUMATIC BACILLUS ENDOPHTHALMITIS

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Introduction

Bacillus species is a rarely reported organism in post-traumatic endophthalmitis among adults. Being a highly virulent pathogen, it causes devastating visual complications if not treated promptly.

Report

A 26-year-old gentleman presented with unilateral painful loss of vision three days after his left eye had trauma with a fishhook. The delayed presentation to the ophthalmology clinic was due to flood and logistics reasons. Upon examination, the proptosed and chemotic left eye was seeing poorly with the presence of a relative afferent pupillary defect. The left eye also showed full thickness corneal laceration wound with iris prolapse. The cornea was oedematous with fibrin and hypopyon in the shallow anterior chamber. The contralateral eye is normal. While awaiting primary closure surgery, imaging of the orbit was done and showed diffuse orbital wall thickening, retro-orbital and extraconal fat streakiness, posterior lens dislocation, and vitreous haemorrhage. The architecture of the globe is preserved with no intraocular foreign body and intact optic nerve. He underwent corneal suturing, vitreous tap, and intravitreal antibiotics with antifungal on the same day. The culture of vitreous fluid grew Bacillus species. Despite aggressive treatment with appropriate antibiotics, the eye deteriorated rapidly with worsening proptosis, ophthalmoplegia, and corneal perforation causing septicaemia. The affected eye was finally eviscerated. The patient has now recovered well and awaiting the trial of prosthesis by the Oculoplastic team.

Conclusion

Infection by Bacillus species carries a poor prognosis due to its uniquely rapid infection course and high therapeutic failure rate as the timeline for detection and treatment is narrow.

APOTSPS06

BILATERAL TERSON'S SYNDROME FOLLOWING SUBARACHNOID HAEMORRHAGE POST MOTOR VEHICLE ACCIDENT SUCCESSFULLY TREATED WITH VITRECTOMY

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Introduction

Terson's Syndrome (TS) is represented by intraocular haemorrhages such as vitreous, retinal, subhyaloid or subretinal haemorrhage due to intracranial haemorrhage or raised intracranial pressure. The sequelae can be resolution of the haemorrhage with good vision or persistent bleeding.

Report

This study reports a 22-year-old Malay gentleman with bilateral TS following subarachnoid haemorrhage (SAH) due to a motor vehicle accident (MVA). The patient was admitted to the neurosurgical department initially. Once fully conscious, the patient noticed bilateral painless blurring of vision and presented to the Ophthalmology Clinic one month later. Upon examination, the best corrected visual acuity (BCVA) was hand movement bilaterally, intraocular pressures (IOP) were normal, anterior segments were unremarkable and there were diffuse vitreous haemorrhages (VH) bilaterally. B scan revealed bilateral dense VH with a flat retina. On computed tomography of the brain, there was the presence of bilateral frontoparietal SAH, right temporal extradural haemorrhage and multiple contusion haemorrhage. Bilateral vitrectomy was performed. Endolaser and gas tamponade was done in the left eye as there was a superior retinal break without detachment. Postoperatively, the patient developed bilateral intense anterior chamber inflammation with raised IOP for one month and was treated with intensive topical steroid and topical anti-glaucoma medication, which were tapered slowly and stopped. Subsequently, the patient developed a left eye full thickness macula

hole with cystoid macular oedema. The right eye BCVA was 6/9 and the left eye was 6/36.

Conclusion

In conclusion, vitrectomy is efficient in treating TS and assures a good visual outcome.

APOTSPS07

A SHOCKING WALK – INTRAOCULAR FOREIGN BODY IN AN UNFORTUNATE PASSERBY

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Introduction

Ocular trauma is a significant global health problem with an annual incidence of 55 million. Intraocular foreign body (IOFB) is recognized as one of the ocular injuries that can jeopardize a patient's sight. It is defined as intraocularly retained, unintentional projectiles that require urgent diagnosis and treatment to prevent visual or globe loss.

Report

A 51-year-old gentleman, with underlying mitral valve prolapsed and thalassemia, presented with left eye pain, redness, and blurring of vision post-trauma. He was hit by an unknown object when walking by a place where people were cutting grass. On presentation, visual acuity over the left eye was hand movement with good light projection. Anterior segment examination revealed a scleral laceration wound 2.5mm from the limbus. Fundus examination revealed dense vitreous haemorrhage and subhyloid haemorrhage. Computerised tomography of orbit revealed a metallic foreign body impacted on the inferior retina.
The patient was diagnosed with a left eye penetrating injury with scleral laceration and IOFB. He first underwent left eye scleral toilet and suturing with intravitreal antibiotics by a general ophthalmologist. Then, he was swiftly referred to the vitreoretinal team. Left eye plain phacoemulsification, pars planar vitrectomy and IOFB removal were performed within 48 hours post-trauma. His final visual acuity was 6/18 after a secondary scleral fixated IOL was implanted.

Conclusion

Ocular penetrating injury with IOFB is an ophthalmic emergency. It poses a great challenge to ophthalmologists, especially for centres without a vitreoretinal team. Early diagnosis and prompt initiation of treatment is crucial to preventing blindness.

APOTSPS08

BLEED ON A BLEED...HOW DO WE GO ABOUT IT?

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Introduction

Nonaccidental injury (NAI) is a result of complex pathological interactions involving infants and young children with suspected physical abuse by an adult. Shaken Baby Syndrome (SBS), which is a form of non-accidental traumatic brain injury, often presents with various intracranial bleeds highly suggestive of physical child abuse. The role of an ophthalmologist becomes very crucial in aiding the final diagnosis in such cases that involve many long-term morbidities and even mortalities. We report a case of an infant with suspected NAI showing significant posterior segment findings which warranted a Vitreoretinal (VR) referral and close monitoring and management.

Report

A 6-month-old baby was seen in an emergency with a fitting episode, with underlying history of lethargy, fever, and irritability for 3 days prior. CT brain revealed an acute frontoparietal subdural bleed which was managed conservatively by the neurosurgical team. Anterior segment Ocular examination was unremarkable. The posterior segment showed numerous multi-layered retinal haemorrhages at the peripheral and central retina bilaterally. A very large premacular bleed involving the fovea of the left eye was a significant finding for a VR referral. The child was treated with topical dexamethasone and nepafenac and monitored closely. The child currently shows good signs of ocular and systemic recovery.

Conclusion

The correlation between the intracranial injury and ocular signs aided the diagnosis of NAI in this case. The close monitoring of both findings was equally important in aiding the recovery of this child, bearing in mind the long-term morbidities which need to be considered later.

APOTSPS09

CASE SERIES OF INTRAOCULAR FOREIGN BODIES AND RELATED ENDOPHTHALMITIS

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Introduction

Intraocular foreign bodies (IOFBs) usually occur following unintentional exposure to high-velocity particles. IOFBs-related endophthalmitis and rhegmatogenous retinal detachment (RRD) can contribute to rapid deterioration in vision.

Report

This is a retrospective and consecutive case series over a year in a vitreoretinal centre. All patients with IOFBs from May 2021 to April 2022 were selected for this study. Of the 24 patients selected, 11 showed signs of endophthalmitis, while only 4 of the 11 were culture proven. Patients with IOFBs-related endophthalmitis had presenting vision ranging from counting fingers to perceiving light. Of the 4 patients with positive yield vitreous sampling, 3 presented within 24 hours of injury and 1 presented after 24 hours. All patients underwent pars plane vitrectomy successfully. In addition, all patients received intravitreal Vancomycin and Ceftazidime. There is a total of 19 metallic IOFBs and 5 non-metallic IOFBs. The rate of endophthalmitis is 47% and 40% for metallic and non-metallic IOFBs, respectively. These findings show the metallic IOFBs as the most prevalent and have a higher incidence of endophthalmitis than non-metallic IOFBs. 13 patients (54.1%) were found to have retinal breaks, and 2 of them had localized RRD that required silicone oil tamponade.

Conclusion

The prompt diagnosis of IOFBs and endophthalmitis require a high index of suspicion as the signs can be masked by the severity and complexity of the injuries. Early intravitreal antibiotics and timely vitrectomy to remove IOFBs and organisms can halt the disease progression.

APOTSPS10

THE VALUE OF PLAIN X-RAY ORBITAL RADIOGRAPHY IN DETECTING INTRAOCULAR METALLIC FOREIGN BODY

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Introduction

The diagnosis of intraocular foreign bodies (IOFBs) in open globe injuries relies heavily on imaging. Computed tomography (CT) is the preferred modality over X-ray in assessing metallic IOFBs. However, this paper finds that CT does not add any additional value to the management of IOFB.

Report

A 62-year-old gentleman presented with sudden onset of the painful right eye with redness and blurring of vision. He alleged a foreign body entered the right eye while polishing the metal gate using a metal brass wire wheel brush. On presentation, his visual acuity was hand movement on the right eye and 20/30 on the left eye. There was no reverse afferent pupillary defect. Anterior segment examination revealed a protruding metal wire around 3mm from the limbus with no obvious uvea or vitreous prolapse. The cornea was relatively clear with the shallow anterior chamber (AC). AC was filled with blood clots and ruptured lens material. The fundus view was hazy. An orbital X-ray was done and showed the presence of intraocular metallic wire extending into the vitreous cavity, with no other foreign body seen. CT orbit with fine cuts was also performed with consistent findings but was not able to map the whole foreign body. Hence, it did not change the management outcome.

Conclusion

In the event of positive clinical history and examination, an X-ray should be the only imaging required. CT scan does not add value to the outcome and exposes unnecessary ionising radiation to the patient.

APOTSPS11

HIDDEN INTRAOCULAR FOREIGN BODY

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Introduction

Intraocular foreign body (IOFB) is commonly seen after industrial injuries. Foreign bodies (FB) may lodge anywhere in the eye depending upon the velocity and mode of injury. We are sharing a rare case of ciliary body IOFB and the challenges encountered during surgical removal.

Report

39-year-old construction worker complained of right eye pain and blurring of vision after an industrial injury. While he was hammering a rod metal (nail?), a small piece of metal chipped and hit the right eye. On examination, the visual acuity of the right eye was 6/36. Anterior segment examination showed injected conjunctiva infero-temporally with 2mm length corneal laceration at 7 o'clock involving the limbus. Intense anterior chamber inflammation was seen with hypopyon and hyphaema. There was a round defect on the iris root at 8 o'clock suggesting possible entry of IOFB. Lens was cataractous with poor fundus view. A computed tomography scan confirmed a metallic FB at the temporal vitreous base. Emergency lensectomy without intraocular lens implantation and IOFB removal through anterior approach via anterior chamber paracentesis was performed under general anaesthesia. Finding the FB intraoperatively was challenging as it was embedded into the ciliary body at 10 o'clock for which indentation and manipulation were needed to retrieve the FB. Vision improved to 6/18 with a +10D spherical lens one-week post-operation.

Conclusion

Management of IOFB differs on a case basis and renders various challenging approaches for the removal. Planning the surgical technique in advance is essential to minimize surgical damage and for the best visual outcome.

APOTSPS12

TRAUMATIC CENTRAL SEROUS CHORIORETINOPATHY

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Introduction

Central serous chorioretinopathy (CSCR) is well described in the literature, with recognized associations such as systemic steroid therapy and stress; the association of blunt trauma with CSR is highly unusual.

Report

A 34-year-old Bangladeshi man with underlying diabetes mellitus and hypertension, presented with an acute blurring of vision two days post-blunt trauma with a screwdriver. On examination, his visual acuity reduced significantly from 6/12 on presentation to 6/60 on post-trauma day two. The right eye fundus showed oval serous macular detachment with small, yellow subretinal deposits. Spectrum domain optical coherence tomography (SD-OCT) showed serous retinal detachment with fibrinous exudates, presence of intraretinal and subretinal hyper-reflective deposits with extrafoveal disruption of external limiting membrane and ellipsoid zone (EZ), and several pigment epithelium detachments. A diagnosis of right eye traumatic CSCR was made, and the patient was managed conservatively with no specific treatment. Three months later, there was an improvement of best corrected visual acuity to 6/18. SD-OCT revealed a near complete neurosensory attachment and resolution of PED, but with macular atrophy and persistent extrafoveal photoreceptors defects.

Conclusion

Our case highlights the unusual presentation of CSCR after blunt trauma with suboptimal visual recovery post-observation. With the advent of SDOCT, a variety of microstructural changes could be identified and those findings serve as an important indicator for visual prognosis.

APOTSPS13

OCCULT GLOBE RUPTURE AND OCULAR TRAUMA SCORE

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Introduction

The ocular trauma score (OTS) was developed by Kuhn *et al* in the 2000s to predict the final visual outcome of a traumatic eye injury. In an occult globe rupture where the globe rupture happens posteriorly, the ocular traumatic score is useful in prognosticating the visual potential.

Report

Two cases of occult globe rupture in patients aged 17 and 48 respectively, were assessed with the ocular traumatic score. Both patients sustained high-impact blunt injuries. Acute visual loss was reported. On examination, the vision of the injured eye was PL with the presence of a relative pupillary defect. No external entry wound was found. The eye had haemorrhagic chemosis with total hyphema. Orbital CT scan revealed an absence of normal contour of the globe. Both patients' OTS scores were 1, with 73% predicted vision of no perception of light. Scleral exploration and suturing were done on both patients. Post-operatively, both eyes remained NPL.

Conclusion

The ocular traumatic score is useful and helpful and predicting the final visual outcome. It helps in the process of informing the visual prognosis of the patient. A realistic expectation can be emphasized with the scoring system.

APOTSPS14

"REVERSE HAMMOCK EFFECT" IN REATTACHING TRAUMATIC RHEGMATOGENOUS RETINAL DETACHMENT WITH POSTERIOR STAPHYLOMA

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Introduction

To report the management of a case of traumatic rhegmatogenous retinal detachment (RRD) in posterior staphyloma.

Report

A healthy 60-year-old gentleman presented with right eye (RE) pain and blurring vision following penetrating eye injury by a small projectile piping material. On examination, RE reverse relative afferent pupillary defect (RAPD) positive and vision hand movement (HM). RE full thickness corneal laceration crossing visual axis with iris prolapse, pseudophakia, and no fundus view. Otherwise, LE is normal. RE primary globe repair was done. Post-operation, RE vision light perception, and B-ultrasonography revealed haemorrhagic choroidal detachment and vitreous haemorrhage (VH) without RD. He was follow-up with serial B-ultrasonography (due to poor view secondary to VH and corneal opacity) until the choroidal detachment resolved. Post-trauma 3 months, B-ultrasonography showed inferior RD with resolved choroidal detachment. RE proceeded with immediate RD repair. During vitrectomy noted subtotal RRD with perivascular lattice degeneration with holes at superior and inferior arcades at the margin of previously undiagnosed posterior staphyloma. Due to the inability to drain subretinal fluid accumulated at posterior staphyloma, the surgeon was not able to completely laser the holes at the lattice at the slope of the inferior margin. C3F8 gas was used as a tamponade agent. The patient was put in a strict face-down position, complete reattachment was achieved without further surgery.

Conclusion

This case demonstrated a phenomenon of the “reverse hammock effect” of gas and the lattice degeneration with holes at the margin of posterior staphyloma acting as relaxing retinotomy in flattening and reattaching the RRD in an eye with posterior staphyloma.

APOTSPS15

PAEDIATRIC TRAUMATIC RETINAL DETACHMENT: CLINICAL CHARACTERISTICS AND SURGICAL OUTCOMES

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Introduction

Retinal detachment (RD) is uncommon among children and ocular trauma is the major cause of rhegmatogenous RD in the pediatric population. This study retrospectively reports the clinical features and surgical outcomes of paediatic traumatic RD cases in a tertiary centre.

Report

All patients were male, mean age 5.1 (2.0-7.0) years with the initial vision of either hand movement (HM) or perception of light (PL) and macula off. Underwent 23-gauge pars plana vitrectomy with silicone oil tamponade. Two patients had redetachment within one year after primary surgery. Anatomical success was achieved in all the operated eyes at the end of one year, however, no improvement was seen in functional outcome. Poor initial visual acuity, macula-off retinal detachment, proliferative vitreoretinopathy (PVR) at presentation, and recurrent retinal detachment are attributed to poor final visual acuity.

Conclusion

Pediatric traumatic RD is a challenging disease. Anatomical success does not reflect functional success. Presenting visual acuity, the presence of macula-off RD, and PVR are identified as predictors of the final functional outcome.

COSC Poster Abstracts

Cornea, External Eye Diseases, and Eye Banking

COSCCE01

PROGRESS OF PARINAUD OCULOGLANDULAR SYNDROME TREATED WITH CO-AMOXICLAV

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Introduction

Parinaud oculo-glandular syndrome (POGS) characterized by unilateral granulomatous follicular conjunctivitis associated with ipsilateral regional lymphadenopathy.

Report

A 10-year-old girl had left eye (LE) redness and minimal watery eye discharges for 2 weeks. She was initially treated with oral cloxacillin and chloramphenicol eyedrops for 1 week by general practitioner but developed left check and neck swelling with fever worsening few days later. She was then referred to otolaryngology team and treated for left parotitis suspicious of parotid abscess with IV Co-Amoxiclav. The LE visual acuity (VA) was 6/60 pH 6/21 and RE VA was 6/30 pH 6/6. LE showed follicular conjunctival injection and chemosis with bulbar conjunctival granuloma. Other findings and the right eye were unremarkable. Systemic examination showed left periauricular and submandibular area swelling of 7x5cm and 2x2cm respectively with swollen lymph nodes. Further history revealed that she had been playing with cat past 2 weeks. Diagnosis of POGS and decision to continue IV Co-Amoxiclav were made with addition of topical moxifloxacin, and oral loratadine. The total white blood cells was raised but no growth from LE conjunctival swab. Her condition improved within 4 days, and she was discharged with oral Co-Amoxiclav for a week and prescription of glasses. At 1 week, there was minimal conjunctival

injection with reducing periauricular and submandibular swelling. At 6 weeks, she had completely cured from symptoms.

Conclusion

POGS although self-limiting may respond with IV Co-Amoxiclav however continuous monitoring is recommended in such case with prompt switch to recommended antibiotic if no improvement.

COSCCE02

CASE SERIES OF GRANULOMATOUS CONJUNCTIVITIS

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Introduction

Granulomatous conjunctivitis is a common presentation but it poses a challenge to ophthalmologists. We are reporting a case series of granulomatous conjunctivitis which had different aetiologies.

Report

Case 1
A 47-year-old lady presented with left eye (LE) redness, swelling and tearing for 3 weeks with no history of (h/o) cat scratch. Ocular examination revealed 6/9 vision in both eye (BE) and LE lower and upper lids conjunctival follicular lesion. There were lymph node (LN) enlargements at left preauricular and submandibular regions. Biopsy showed chronic granulomatous inflammation. Treated as LE POGS and started oral Azithromycin, Topical Moxifloxacin and Dexamethasone for 1 month and the lesion resolved completely.

Case 2
A 43-year-old female complained of LE lower lid swelling for 1 week with h/o scratched by fungal infected cat. Ocular examination revealed left lower lid granulomatous swelling with left submandibular LN enlargement. She underwent biopsy and *Sporothrix schenckii* was isolated. Initial treatment with oral Itraconazole was discontinued after 2 weeks due to deranged liver function, but with topical combination ointment of dexamethasone, neomycin and polymyxin B and Gutt Dexamethasone lesion was resolved.

Case 3
A 27-year-old female, presented with right eye (RE) painless lower lid swelling and increasing in size in 1-month duration. On examination, BE vision was 6/6, RE lower lid palpebral gelatinous conjunctival swelling from fornix up to mid bulbar

conjunctiva. There was parotid LN enlargement. Conjunctiva biopsy showed conjunctival suppurative granulomatous inflammation. She was treated with oral Azithromycin, combination ointment of dexamethasone, neomycin and polymyxin B and Gutt Moxifloxacin for 5 weeks. The lesion was resolved.

Conclusion

Granulomatous conjunctivitis has a wide variety of aetiologies. Detailed history taking and thorough clinical examinations with aid of biopsy will help to initiate a definite treatment plan and will prevent further complications

COSCCE03

A CASE OF BILATERAL IRIDOSCHISIS WITH CORNEAL DECOMPENSATION

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Introduction

Iridoschisis is characterized by splitting of the iris stroma into layers, with strands of anterior layer floating freely in the anterior chamber (AC). Iridoschisis typically affects patients of 6th to 7th decade, often associated with angle closure glaucoma.

Report

A 66-year-old gentleman presented with progressively generalized blurring of vision. His visual acuities were 6/12 and Hand Movement (HM) in right and left eye, respectively. Left relative afferent pupillary defect (RAPD) was elicited. Anterior segment examination showed bilateral clear cornea with iris atrophy inferiorly. Intraocular pressures (IOP) were raised and Shaffer's gonioscopy revealed closed angles. Bilateral peripheral iridotomy (PI) was performed. His IOP remained stable. Three years later, his visual acuity progressively worsened to 6/60 and HM. Left eye extracapsular cataract extraction was performed. Intraoperatively, numerous freely floating iris fibrils were observed. Postoperative vision remained the same. Anterior segment examination showed bilateral patchy anterior corneal scars with Descemet folds centrally, and iris atrophy inferiorly with iridocorneal touch. AC were shallow but quiet bilaterally with normal IOP. Fundoscopy showed cup-to-disc ratio of 0.6 pink in right eye and 0.9 pale cupped disc in left eye. He was diagnosed with bilateral iridoschisis with primary angle closure glaucoma and corneal decompensation, likely due to long-standing endothelial loss from iridocorneal touch from iris strands in AC, and inflammation from PI and cataract surgery.

Conclusion

To date, only six cases of corneal decompensation secondary to iridoschisis were reported. Ideally iridoschisis should be diagnosed preoperatively to facilitate the planning of surgery and post-operative care to achieve better outcomes.

COSCCE04

OCULAR MANIFESTATIONS OF ECTRODACTYLY-ECTODERMAL DYSPLASIA-CLEFT PALATE SYNDROME – A CASE REPORT

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Introduction

Ectrodactyly-ectodermal dysplasia-cleft palate (EEC) syndrome is a rare disease which exhibited ocular and extraocular manifestations. Affected individuals always have abnormalities of the limbs and can greatly involve ocular structures. We reported a case of EEC syndrome with a sight-threatening condition.

Report

A 48-year-old lady presented with both eyes reduced vision for years, associated with eye redness and photophobia. She had a history of multiple visits to ~~the~~ ophthalmology clinics but subsequently defaulted. She was non-compliant to the medications given due to her both hands malformation. Systemic examinations revealed she had generalized dry skin, both hands and feet split deformity (lobster-claw hand), maxillary hypoplasia, and cleft palate. Both eyes' best corrected visual acuity was 6/36. Anterior segment of both eyes showed chronic blepharitis with matted lashes, scaly eyelids and the absence of meibomian glands. There was generalized punctate epithelial erosion and central cornea opacity with 360 degrees deep stromal vascularization over both eyes. Symblepharon was noted over the inferotemporal region of the left eye. The anterior chambers were hazy leading to poor fundus view. B scans showed clear vitreous and flat retina. Intensive lubrication was prescribed to treat the severe dry eye.

Conclusion

This syndrome is rare yet relatively unknown even amongst ophthalmologists although it can lead to severe visual symptoms and visual impairment. This condition will not be noticed in the early years and inadequately managed until it is too late. Eventually, the patient will be visually handicapped due to untreated ocular surface disease.

COSCCE05

THE MASQUERADER OF INTERSTITIAL KERATITIS IN AN IMMUNO-COMPETENT PATIENT

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Introduction

To report a case of unilateral viral interstitial keratitis in an immunocompetent patient, how the diagnosis is confirmed, its treatment regime and recurrence prophylaxis.

Report

A 28-year-old Iban female with no known medical illness presented with right eye gradual onset, painless, generalized, blurring of vision for one month. At presentation, the vision was counting finger on the right eye and 6/30, pinhole 6/15 on the left eye. Corneal sensation on both eyes were intact. Ocular examination on the right eye revealed a round central cornea stromal opacity, measuring 7mm in diameter, with Descemet folds. There was no epithelial defect, ghost vessels and stromal melting with a quiet anterior chamber. The intraocular pressure in both eyes were normal. Both eyes posterior findings were unremarkable.
A series of uveitic workup was done. Patient was then treated with topical steroids. However, on day 5 post steroids commencement, there was no improvement seen. Corneal sensation at this point was reduced and with the presence of endothelitis, hence the diagnosis was revised to viral interstitial keratitis. Topical steroids with concurrent oral aciclovir were given and patient showed marked improvement with vision regain back to 6/9. Medications were tapered and signs and symptoms were monitored to look out for recurrence.

Conclusion

Interstitial keratitis has an exhaustive list of possible causes. A high index of suspicion of herpes simplex infection for a case of interstitial keratitis is required for early treatment in the prevention of blinding complications with proper tapering to avoid recurrences.

COSCCE06

A RARE COMPLICATION OF CORNEA ULCER

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Introduction

Scleral abscess is a rare blinding complication of cornea ulcer that potentially leads to severe vision loss and evisceration. We herein report a case of scleral abscess with corneal ulcer which was treated both medically and surgically to avoid evisceration.

Methods

Case report

Results

A 73-year-old gentleman referred for evisceration with initial complain of painful red eye of 1 week duration. On examination right eye visual acuity was hand movement. Anterior segment revealed features of mixed bacterial and fungal corneal ulcer with microperforation. Initial B scan showed clear vitreous and flat retina. The culture and sensitivity revealed Pseudomonas aeruginosa.

However subsequent B scan done disclosed a clear vitreous with multifocal scleral abscess with clear vitreous. Subsequently magnetic resonance imaging of orbit showed lobulated and loculated abscess within the sclera. Fungal culture and sensitivity later revealed a Mucor spp.

Hence a revised diagnosis of perforated cornea ulcer with scleral abscess was made. He was treated with topical and systemic antifungal and antibacterial for 5 months duration. Debridement by puncture of point abscess was performed and his condition gradually improved. The best corrected visual acuity is 6/45 with resolving scleral abscess.

Conclusion

Scleral abscess is a rare complication of cornea ulcer. Aggressive and prolonged treatment can improve visual prognosis in a patient.

COSCCE07

NEGLECTED HUGE MASS

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Introduction

To report a case of delayed treatment of right eye upper eyelid squamous cell carcinoma due to patient pre-operative anxiety issue.

Methods

Case report

Result

A 46-year-old lady with comorbid diabetic and hypertension, presented with large fungating mass originating from the right upper eyelid covering the whole eyeball. She has been diagnosed with right upper lid squamous cell carcinoma about 3 years ago and yet defaulted treatment due to anxiety of the surgical process and outcome. Examination of right eye showed firm fungating mass measuring 10x5cm with irregular surface covering with whitish plaque. Computer tomography of the orbit demonstrated large soft tissue mass at the right periorbital region with lacrimal gland infiltration and possible orbital involvement. Patient was further referred to oculoplastic team for further management and finally agreed for surgery.

Conclusion

Squamous cell carcinoma is a common malignant eyelid tumor with various modality of treatment. Pre-operative anxiety should be address diligently to ensure patient adherence to expected treatment.

COSCCE08

OUTCOME OF AIR DESCEMATOPEXY FOR DESCEMET'S MEMBRANE DETACHMENT POST CATARACT SURGERY: A CASE SERIES

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Introduction

Descemet Membrane Detachment (DMD) is a vision-threatening complication of cataract surgery. DMD may occur during or following cataract surgery. Risk factors include advanced age, pre-existing endothelial diseases, hard cataract and prolonged surgery. We report a case series of DMD managed successfully with air descemetopexy.

Report

Case 1

A 68-year-old lady with underlying hypertension and bronchial asthma underwent right eye cataract surgery. Intraoperatively noted central Descemet tear. Anterior segment optical coherence tomography (AS-OCT) revealed Descemet tear nasally and centrally with minimal tear temporally. She underwent right eye air descemetopexy under local anaesthesia (LA) the next day. Final visual acuity was 6/6 with AS-OCT showed attached Descemet.

Case 2

A 79-year-old lady with underlying diabetes mellitus, hypertension and hyperlipidaemia underwent right eye cataract surgery. Intraoperatively, trypan blue was inadvertently injected into Descemet's layer and surgery was abandoned. AS-OCT revealed Descemet detachment superior half of cornea. She underwent right eye air descematopexy under LA 2 weeks later. Post operative AS-OCT showed Descemet well attached.

Case 3

A 61-year-old gentleman with underlying hypertension and diabetes mellitus underwent left eye uneventful cataract surgery. Intraoperatively, noted inadvertent Descemet's membrane tear involving central cornea. Post operative AS-OCT revealed left eye Descemet tear at central and paracentral cornea. He underwent left eye air descematopexy under LA 3 weeks later. Final visual acuity was 6/12 with cornea scarring over Descemet fold.

Conclusion

A detached Descemet's membrane can be diagnosed clinically. AS-OCT has been used to confirm, classify and aids in management. Air descemetopexy is safe and efficient treatment modality of DMD.

COSCCE09

BILATERAL EYE TRUE MEMBRANOUS CONJUNCTIVITIS

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Introduction

True membranous conjunctivitis is rare and it is usually associated with systemic disease. We are reporting a case of true membranous conjunctivitis which was not responding to medical treatment.

Report

45-year-old Malay lady with underlying diabetes mellitus, hypertension and end-stage renal failure who was being treated in COVID Person under investigation (PUI) isolation ward for Steven Johnson-like exfoliative dermatitis, presented with bilateral eye (BE) redness with yellowish sticky discharge for two weeks, with no increase in blurring of vision. On bedside examination, there was no Relative Afferent Pupillary Defect (RAPD) and BE vision were 6/24. BE lids had a thick strongly adherent yellowish membrane on upper and lower palpebral conjunctiva which was not be able to remove via rodding. Conjunctiva was injected bilaterally with corneal abrasion. Anterior chamber was quiet. Pupils were normal and fundus showed NPDR with diabetic macula oedema. Patient was treated as membranous conjunctivitis secondary to Steven Johnson-like exfoliative dermatitis and started with Topical ciprofloxacin, Gutt dexamethasone, and Ointment Maxitrol. However, the true membrane was thicker and was not responding to treatment. Hence, debridement of the membrane was done at bedside using a blade on every alternate day. There were no more true membranes after three sessions of debridement. Patient was then discharged and seen at eye clinic one week later. BE looked quiet with no recurrence of infection.

Conclusion

Debridement of a true membrane is debatable, but it can be used as a treatment modality when medical treatment fails and to prevent complication like symblepharon.

COSCCE10

RED EYE – FROM SIMPLE TO SINISTER

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Introduction

The purpose of this study is to report a rare case of Conjunctival Kaposi Sarcoma as the first presentation of occult HIV acquired immunodeficiency syndrome (AIDS).

Report

A young male in his early 30s presented with spontaneous left eye redness for 2 months associated with bloody discharge. There was no history of trauma or anti-coagulant intake. On examination, his visual acuities were good bilaterally. Anterior segment examination of left eye showed subconjunctival haemorrhage with a raised, soft and smooth bright red mobile lesion on inferotemporal fornix. Other part of ocular examination including contralateral eye were unremarkable. Upon further questioning, patient revealed history of retroviral disease diagnosed 8 years ago but defaulted treatment. Systemic examination revealed raised non-pigmented lesion of the tongue and a painless purplish spot at the back. Blood investigations showed high viral RNA load, confirmed Kaposi Sarcoma of conjunctiva, tongue and skin, cryptococcal meningitis, smear negative pulmonary tuberculosis and latent syphilis. He was co-managed with multidisciplinary teams. Highly Active Anti-Retroviral Therapy (HAART) was commenced. Treatment was a challenge considering simultaneous presence of malignancy and fungal infection in an immunosuppressed patient, in which treatments may worsen one another. Fortunately, 3 months post treatment, he showed remarkable improvement as there was almost complete resolution of conjunctival Kaposi Sarcoma.

Conclusion

This case revealed an unusual presentation of conjunctival Kaposi Sarcoma which could have been mistaken for simple subconjunctival haemorrhage in a young patient without informed comorbid.

COSCCE11

SAFETY AND EFFECTIVENESS OF TRANSEPITHELIAL CROSSLINKING IN YOUNG AGE GROUP

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Introduction

Keratoconus is one of the common corneal dystrophies causing progressive corneal thinning which lead to visual loss. The average age of onset for the disease is the second decade of life where the treatment is crucial to slow the disease progression. Corneal cross linking (CXL) is the mainstay treatment for keratoconus in which epithelium-off CXL is the most widely used approach. It involves the application of the application of riboflavin as photosensitizer and UVA light on de-epithelialized cornea. In this new era, as the technology is evolving, transepithelial CXL is an alternative approach to the standard CXL procedure where the epithelium is kept intact during CXL. This approach offers great advantages, especially in young age group, such as less eye discomfort, faster healing process, faster return to baseline vision and less risk for corneal infections and haze.

Report

A 9-year-old boy with underlying allergic rhinitis presented with 1 year history of progressive blurring of vision over bilateral eye. Examination showed positive signs of keratoconus such as Vogt's striae, Munson's and Rizzuti's sign and he was confirmed keratoconus by diagnostic modality, corneal topography. He was then undergoing bilateral corneal cross linking by using transepithelial CXL approach. Upon following up the patient, no signs and symptoms of infections were noticed with faster return to baseline vision.

Conclusion

Transepithelial CXL is safe, effective, and preferable approach of CXL in managing young age group with keratoconus.

Glaucoma

COSCGL01

TWO-YEAR LONGITUDINAL EVALUATION OF ISTENT INJECT® SYSTEM FOR OPEN-ANGLE GLAUCOMA IN A SINGLE CENTRE

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Background

This retrospective longitudinal case series assessed 24-month effectiveness and safety of iStent inject® trabecular micro-bypass implants with and without cataract surgery in patients with open angle glaucoma (OAG) in a single centre.

Methods

Retrospective data collection from medical records of patients post iStent inject® in patients with OAG. Effectiveness outcomes were intraocular pressure (IOP) reduction and antiglaucoma medication reduction. Safety outcomes included adverse complications, secondary surgeries and best corrected visual acuity (BCVA).

Results

Eight eyes were included, with patients' mean age of 56.3 ± 17.5 years. Six eyes had primary glaucoma and two had secondary glaucoma, with 75% of the eyes having mild to moderate glaucoma. Five patients underwent combined phacoemulsification with intraocular lens implantation. The mean baseline IOP was 26.3 ± 6.6 mmHg, while baseline medication was 3.17 ± 0.75. At 24 months postoperative, mean IOP was 14.7 ± 2.3 mmHg, demonstrating a final IOP reduction of 44.5% (11.7 ± 8.0 mmHg; $p < 0.05$) and a lower mean number of medication, *i.e.* 1.83 ± 1.47 ($p>0.05$). One patient underwent trabeculectomy post iStent. There was no documented adverse complication while visual acuity and visual fields were stable throughout

the evaluation period.

Conclusion

iStent inject implantation resulted in substantial IOP reduction safely up to 24 months postoperative.

COSCGL02

THE ROLE OF GLAUCOMA DRAINAGE DEVICE (GDD) IN SECONDARY GLAUCOMA DURING PRENATAL PERIOD: A CASE REPORT

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Introduction

Managing glaucoma in pregnant patients is challenging in choosing treatment while ensuring the safety for both mother and fetus. We are reporting a case of a patient with Iridocorneal Endothelial Syndrome (ICE) treated with Molteno implant.

Report

A 30-year-old lady with left eye secondary angle closure glaucoma due to ICE Syndrome in her first trimester of pregnancy. Her visual acuity was 6/36 with vertical cup-to-disc ratio (VCDR) of 0.7, all quadrants are closed on gonioscopy and Humphrey Visual Field (HVF 24-2) showed an inferior arcuate scotoma. The IOP ranged between 26-34 mmHg with 3 topical antiglaucoma, hence the patient was counselled for surgical intervention. Combined surgery of Molteno implant and cataract extraction with intraocular lens implantation was performed under local anesthesia. Unfortunately, she developed symptomatic high pressure at first week post-operative period. As the option of additional antiglaucoma is limited by the pregnancy status, tube revision with additional Sherwood slit was then carried out. Post operatively, IOP stabilized between 15-20 mmHg with 2 antiglaucoma drops. The fetal growth was monitored and co-manage with obstetric team.

Conclusion

Molteno implantation in pregnant patients is effective in providing substantial IOP control and safe for both mother and fetus. Deferring glaucoma surgery to the postpartum period in pregnant patients with uncontrolled IOP may cause irreversible optic nerve damage.

COSCGL03

OUTCOMES OF TRABECULECTOMY IN ASIAN EYES WITH JUVENILE OPEN ANGLE GLAUCOMA (JOAG)

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Introduction

We evaluate 11 eyes of 9 JOAG patients who underwent primary trabeculectomy with mitomycin C (MMC) between January 2018 till March 2021. Outcome measures included intraocular pressure (IOP), number of antiglaucoma medications, visual acuity and surgical complications. We follow up the patients up to one year post surgery.

Report

The mean age at presentation was 25 ± 5.97 years and the youngest was 20. The majority of the patients were male (7 ,77.77%) and Malays (8, 88.8%). Preoperatively, mean IOP was 37.2 ± 11.7 mmHg and mean number of antiglaucoma medications was 3.9 ± 0.3. There was significant reduction of mean IOP throughout the follow up. The mean IOP post-surgery at 1 month was 12 ± 3.9 mmHg (p=<0.001), at 6 months was 14.6 ± 8.3 mmHg (p=< 0.001) and at 1 year was 15.5 ± 8.1 mmHg (p=<0.001). The mean number of antiglaucoma reduced significantly to 0.4± 0.7 (p=<0.001) at 1 year. There was no significant difference in pre- and post-surgery visual acuity (p=0.13). Three cases had increased IOP after 1 year due to subtenon fibrosis and need recommencement of antiglaucoma.

Conclusion

Primary trabeculectomy with MMC in JOAG patients demonstrated a significant reduction in IOP and number of antiglaucoma medications up to 12 months postoperatively but some developed significant subtenon fibrosis.

COSCGL04

A REVIEW ON OUTCOME OF PHACOMORPHIC GLAUCOMA IN HOSPITAL MELAKA

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Background

To determine the intraocular pressure (IOP) control and visual outcome of phacomorphic glaucoma in Hospital Melaka.

Methods

Retrospective review was done using the National Cataract Surgery Registry from January 2019 to December 2021. Patients with phacomorphic glaucoma were included. Patients with primary glaucoma or other secondary cause of glaucoma were excluded.

Results

There was a total of 21 patients with phacomorphic glaucoma, with 13 (61.9%) females and 8 (38.1%) males. The mean age was 66.9 years. A high proportion of the patients, 17 (80.8%) presented with visual acuity of perception of light and hand movement. The preoperative mean IOP was 46.6mmHg. 15 (71.5%) patients underwent phacoemulsification, 3 (14.3%) underwent extracapsular lens extraction, 2 (9.6%) underwent lens aspiration and 1 (4.8%) patient was treated conservatively with cyclocryotherapy. Majority of the patients, 17 (80.8%) had a primary intraocular lens implantation. There was no complication noted intraoperatively except for 1 (4.8%) patient who had posterior capsular rent and zonulodialysis. The postoperative visual acuity was 6/18 and better in 16 (56.2%) patients and the mean IOP at last follow up was 13.8mmHg. 12 (57.1%) patients did not require long term antiglaucoma medications.

Conclusion

This study shows the visual prognosis is fairly good in patients with phacomorphic glaucoma. A good postoperative visual acuity and IOP control can be achieved without requiring long term antiglaucoma in majority of the patients. Phacoemulsification is the choice of surgery for majority of the patients.

COSCGL05

AN UNUSUAL CASE OF BILATERAL ACUTE DEPIGMENTATION OF THE IRIS IN A YOUNG MALE

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Introduction

We are reporting a rare case of asymmetrical bilateral acute depigmentation of iris (BADI) with bilateral pigmentary glaucoma in a young male. BADI is a recently defined clinical diagnosis with bilateral acute onset of iris depigmentation without iris transillumination or pupillary sphincter defect that usually affects young females.

Report

A 34-year-old man presented with bilateral eye redness, photophobia and blurring of vision. There was no antecedent viral infection, no family history of glaucoma or autoimmune disorders. He has bilateral low myopia. He was on second day of oral Ciprofloxacin upon presentation.

On examination, visual acuity was 6/15 in right eye and counting fingers in left eye. He had bilateral pigmented cells in anterior chamber with flare in left eye. No iris transillumination, keratic precipitates or pupillary and sphincter paralysis were seen. Intraocular pressure (IOP) of right eye was 19mmHg while 42mmHg in left eye. The angles were open with heavily pigmented trabecular meshwork on bilateral gonioscopy. IOP fluctuated between 12mmHg to 26mmHg for right eye and 24mmHg to 50mmHg for left eye despite on maximum medical therapy, leading to Transscleral Cyclophotocoagulation (TSCPC) of left eye. IOP subsequently normalized after 2 weeks. Patient was counseled on possible need for glaucoma drainage device surgery in future if IOP remains uncontrolled.

Conclusion

Although BADI is rare, it should be considered as a differential diagnosis in patients with acute bilateral pigment dispersion. It is noteworthy that pigment dispersion syndrome is a precursor to pigmentary glaucoma, and it does not present with acute photophobia.

Neuro-ophthalmology

COSCNO01

WALL-EYED BILATERAL INTERNUCLEAR OPHTHALMOPLEGIA (WEBINO) SECONDARY TO UNILATERAL PONTINE INFARCTION

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Introduction

Wall-eyed bilateral internuclear ophthalmoplegia (WEBINO) is a rare neuro-ophthalmological syndrome commonly attributed to midline lesions involving bilateral medial longitudinal fasciculus (MLF) and pretectum. We report a rare case of unilateral pontine infarction causing WEBINO.

Report

A 50-year-old man with underlying diabetes mellitus and hypertension presented with sudden onset headache, giddiness, binocular diplopia, and gait instability for 5 days. He had bilateral exotropia on primary gaze, bilateral internuclear ophthalmoplegia, loss of convergence, limited bilateral adduction, and horizontal nystagmus of the abducting eye upon lateral gaze. Optic nerve function tests were normal and other ocular examinations were unremarkable. Neurological examination was unremarkable as well. Contrast-enhanced computed tomography (CECT) of the brain showed no space-occupying lesion and no signs of intracranial bleed or mass. Magnetic Resonance Imaging (MRI) of the brain was thus proceeded and revealed left lateral pontine chronic infarction. He was started on oral aspirin and referred to a physician to optimize his underlying comorbid. His symptoms improved and completely resolved within 1 month during his follow-up.

Conclusion

WEBINO is commonly caused by either infarction or multiple sclerosis. MRI is superior to CT scan for evaluation of internuclear ophthalmoplegia (INO) as demonstrated in our case.

COSCNO02

DIRECT CAROTID-CAVERNOUS FISTULA: AN ATYPICAL PRESENTATION

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Introduction

Carotid-cavernous fistulas (CCF) represent abnormal communication between the carotid circulation and the cavernous sinus and may be direct or indirect.

Report

A 76-year-old man with underlying hypertension and dyslipidemia presented with 1 day history of right eye (RE) swelling, pain and blurring of vision associated with right sided headache and multiple episodes of vomiting with no prior history of trauma to the eye or head.

Right vision was counting finger with pupil 4mm, fixed. Reverse RAPD was negative. The RE was proptosed with restricted EOM in all directions. Eyelids were swollen, firm and tender with gross chemosis of the conjunctiva. There was mild nuclear sclerosis cataract and no anterior chamber reaction. RE fundus was limited to the posterior pole which appeared normal. Right IOP was 45. LE was unremarkable. Right CCF was suspected. Urgent CT/CTA/CTV brain till carotid arteries showed indirect right CCF with right orbital congestion, right superior ophthalmic vein engorgement and earlier enhancement of right cavernous sinus. No intracranial hemorrhage. Antiglaucoma medications were started.

Neurosurgery referral was made, and lower blood pressure control was initiated until the patient underwent embolization. During embolization, noted direct right CCF with early opacification and dilation of right superior ophthalmic vein. Post-embolization, the vision was 6/9 with full EOM and normal IOP.

Conclusion

Direct CCF in elderly patients with no obvious history of trauma is rare. Earlier clinical suspicion by ophthalmologist and repeated imaging and treatment especially on insidious onset of clinical symptoms and signs save vision and life.

COSCNO03

BILATERAL OPTIC DISC ATROPHY IN MORBIDLY OBESE CHILD: A CASE REPORT

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Introduction

Bilateral optic atrophy in children is very rare. The common causes include developmental disorder of the brain, hereditary optic neuropathy, inflammation and trauma. Intracranial hypertension (IIH) is a least common cause of bilateral optic disc atrophy in children unless it is associated with secondary causes.
This case write up is to report a case of bilateral optic atrophy secondary to IIH in a morbidly obese child.

Case Presentation

A 10-year-old previously healthy boy presented with progressively worsening painless bilateral blurring of vision for 3 years. Otherwise, there was no headache, vomiting or diplopia.

On examination right vision was 6/36 and left vision was counting finger with positive relative afferent pupillary defect over left eye. Other optic nerve function tests for left eye were reduced. Other cranial nerve function tests and neurological examinations were normal. Physical examination revealed weight 104.5kg with body mass index 45.8 kg/m^2.

All blood investigations and computed tomography of brain and orbit showed normal finding. Lumbar puncture was done and revealed significant raised of opening pressure. The patient was co-managed with the paediatric team and started on tab acetazolamide 250mg TDS.

Conclusion

Idiopathic intracranial hypertension is uncommon in children. It is important to be detected early for treatment to be initiated to prevent severe visual dysfunction.

COSCNO04

CONCURRENT BILATERAL NON-ARTERITIC ANTERIOR ISCHEMIC OPTIC NEUROPATHY (NAION) IN PATIENT WITH PRE-EXISTING OPTIC ATROPHY: A CASE REPORT

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Introduction

NAION is the commonest type of ischemic optic neuropathy. Bilateral simultaneous NAION is extremely rare. Here, we report a case of concurrent BE NAION with pre-existing optic atrophy.

Case report

Madam M is a 32 -year-old Malay lady with a known case of bilateral eye papilledema secondary to Idiopathic Intracranial Hypertension (IIH) and End Stage Renal Failure (ESRF). She presented with 3 days history of BE sudden onset painless visual loss. Two months prior to current presentation, during her routine ophthalmology follow-up for her IIH, her Visual Acuity (VA) was 6/6 and other optic nerve function was normal. She also denies any recent history of head or ocular trauma, headache, ocular pain or redness, fever nor any new neurological deficit.

On examination her visual acuity (VA) was Perception of Light (PL) for right eye and Counting Finger (CF) for left eye. Relative Afferent Pupillary Defect (RAPD) was positive for the right eye. Both eyes anterior segment examination was unremarkable. Both posterior segments showed pale optic disc with blurred disc margin. The retina and vitreous were normal. Blood investigation for infective, autoimmune and demyelinating screening turned out to be negative. Magnetic Resonance Imaging (MRI) done showed no significant changes. Lumbar puncture was also normal.

Conclusion

Patients' underlying systemic conditions may be a risk factor to develop acute NAION on top on their pre-existing ocular comorbid. There is no known effective therapy yet for NAION. Hence, it is important to identify and manage all possible contributing factors that may give rise to NAION.

COSCNO05

DELAYED HORNER SYNDROME POST THYROID CARCINOMA SURGERY

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Introduction

Post thyroidectomy Horner Syndrome is a rare occurrence and its probability increases when a modified radical neck dissection is done together.

Report

We present a case of papillary thyroid carcinoma who presented with Horner's syndrome 1 week after right lateral dissection of the cervical lymph nodes. She underwent complete thyroidectomy 4 months prior to this surgery. Both surgeries were uneventful intraoperatively. The right eye examination had partial ptosis with miosis and absent of anhidrosis. The left eye examination showed absence of ptosis, miosis and anhidrosis. Pharmacological tests with 1% phenylephrine localized the interruption of the oculo-sympathetic pathway with postganglionic third-order neuron involvement. She was treated conservatively and her symptoms improved over time.

Conclusion

Horner's syndrome is a rare and non -life threatening complication of post thyroidectomy with radical neck dissection surgery. Since it does not compromise the visual acuity, the disease is more acceptable. However, in view of the facial disfigurement post -surgery and the possibility of incomplete recovery, patient needs to be forewarned regarding this complication.

COSCNO06

FALSE BRAIN TUMOUR

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Introduction

Idiopathic intracranial hypertension (IIH), or pseudotumor cerebri, is an increase in cerebrospinal fluid pressure of unknown etiology. We report a rare case of IIH in a young and morbidly obese female patient.

Report

A 27-year-old obese female with known case bronchial asthma and peripheral neuropathy presented with sudden onset of left eye reduced vision for one day duration. It was associated with chronic headache for 2 months. Assessment revealed unilateral left optic disc swelling. Extraocular movement was full and there was no diplopia. Blood investigations were normal and not suggestive of demyelinating diseases or connective tissue diseases. Computed tomography (CT) brain and magnetic resonance imaging (MRI) brain was also normal. Lumbar puncture was performed and revealed a high opening pressure of 37cmH_20. The patient was diagnosed as IIH and was given oral Acetazolamide. Throughout follow-up, patient needed to undergo therapeutic lumbar puncture for 3 times within 4 months to alleviate the symptoms. Although the symptom of headache was controlled, her left eye visual acuity had worsened from 6/6 to 6/60, with a progressive constricting visual field. Intracranial probe insertion for monitoring of intracranial pressure (ICP) was performed but no ventriculoperitoneal shunt indicated as for now. Regular oral acetazolamide managed to keep the ICP within normal range.

Conclusion

IIH is a diagnosis of exclusion. It is not usually life threatening but can be a lifelong problem. Even though symptoms can be relieved with treatment, the symptoms can recur and if left untreated it can lead to permanent loss of vision.

COSCNO07

BILATERAL BLINDNESS IN CAVERNOUS SINUS THROMBOSIS

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Introduction

Cavernous sinus thrombosis (CST) is a rare, life-threatening disorder. It can be resulting from complication of facial infection, sinusitis, orbital cellulitis or following trauma. We report a case of blindness due to bilateral CST in a patient with chronic headache.

Report

A 49-year-old male with underlying hypertension and stroke, presented with chronic right-sided headache for 5 months and both eye convergent squint for 3 weeks. On examination, visual acuity (VA) was 6/9 on the right eye and 6/7.5 on the left. There was limited abduction bilaterally, anterior segment was normal, no proptosis, and no evidence of optic disc swelling. Initial Computed tomography (CT) brain was normal. Patient defaulted follow-up for 7 months until he presented again at casualty with left body weakness and diagnosed as right lacunar infarct. On subsequent examination, noted right eye complete ptosis and bilateral proptosis with worsening of eye movement bilaterally. Computed tomography angiography (CTA) was done and revealed bilateral CST. Patient was treated with intravenous antibiotics for 2 weeks and was started on oral warfarin. However, on follow-up visits, VA worsened to no perception of light (NPL) on the right, and counting finger on the left. Other cranial nerves (CN) functions were also affected (CN III, IV and V). Repeated CT angiography showed bulging of cavernous sinus with dilated superior ophthalmic vein bilaterally. Patient however defaulted his subsequent follow–up.

Conclusion

Prompt recognition of CST is critical for a good outcome. Despite advanced treatment with antibiotics and anticoagulation, the risk of long-term sequelae of the disease remains significant.

COSCNO08

OPTIC DISC GRANULOMA WITH NEURORETINITIS SECONDARY TO BARTONELLA HANSELAE

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Introduction

Cat scratch disease is caused by *Bartonella hanselae.* It is transmitted from a bite or scratch from an infected cat. Ocular involvement of the eyes is generally presented in two forms which are Parinauds oculo-glandular Syndrome or neuroretinitis. We report a rare case of optic disc granuloma with neuroretinitis secondary to Bartonellosis.

Report

A healthy 16-year-old Malay boy presented with right eye (RE) painless blurring of vision for 4 days. It was associated with fever and right neck swelling for 1 week. Visual acuity in the right eye was only counting finger and the left eye was 6/6. There was presence of positive Relative Afferent Pupillary Defect (RAPD) in the right eye. The light brightness and the red saturation were reduced by 50 percent. Both anterior segments were unremarkable. Fundoscopy showed anterior vitreous cells with vitritis. The right optic disc was swollen with granuloma and peripapillary hemorrhages, while the macula was oedematous with presence of deep hemorrhages. Vessels was dilated and tortuous. There was lymphadenopathy in the right neck. The patient was started on oral Azithromycin 500mg for 6 weeks and a course of corticosteroids. On follow up after 6 weeks, there was marked improvement of his visual acuity to 6/12. The right fundus was also improved.

Conclusion

Optic disc granuloma with neuroretinitis is not a common presentation of CSD. Patient presented with optic disc granuloma may need extensive work out to rule out infective or non-infective causes.

COSCNO09

CEREBRAL VENOUS SINUS THROMBOSIS AS A COMPLICATION OF POST COVID-19 VACCINATION

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Introduction

The coronavirus disease 2019 (Covid-19) is a global pandemic that has caused a very huge impact to the social and economic sectors worldwide. As the disease progressed for the past 2 years, scientists have found a way to fight the disease by the invention of covid-19 vaccine. Cerebral Venous Sinus Thrombosis (CVST) is a disease caused by formation of blood clot in the venous drainage system of the brain. We report a rare case of CVST as a complication of post Covid-19 vaccination.

Report

A 41-year-old gentleman presented with severe headache and diplopia for 4 days after receiving booster dose injection of Covid-19 vaccination. He is a case of Liver Hemangioma on regular follow-up at our centre and in a stable condition. Visual acuity in the right eye was 6/9 and the left eye was 6/6. There was no Relative Afferent Pupillary Defect. Extraocular movement showed limited movement in the right lateral gaze. It was associated with diplopia. Both anterior segments were unremarkable. Fundoscopy showed bilateral swollen optic disc with disc hemorrhages. MRI revealed present of CVST. Patient was started on subcutaneous enoxaparin. There was marked improvement of symptoms after treatment commencement.

Conclusion

CVST is an uncommon type of stroke that can present with visual symptoms. As Covid-19 vaccine is still very new, there is very limited evidence of complications and reported cases of CVST.

COSCNO10

MENINGIOMA MASQUERADE AS POSTERIOR COMMUNICATING ARTERY (PCOM) ANEURYSM IN OCULOMOTOR NERVE PALSY (ONP): CASE REPORT

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Introduction

Oculomotor nerve palsy (ONP) is a neurological deficit commonly caused by posterior communicating artery (PCOM) aneurysm. Many other diagnoses may mimic this clinical condition and management may differ. Hence, we report meningioma as less common cause of ONP.

Report

A 79-year-old, lady with underlying diabetes mellitus, hypertension and dyslipidemia presented with right eye outward deviation for 2 years. It was sudden in onset and patient denied double vision. There was no evidence of head trauma or surgery prior to the symptom. Upon ocular examination, the right eye visual acuity was 6/36 pin hole 6/36 with mild ptosis and exotropia 45 degree. Ocular motility showed limited depression, elevation and adduction. Presence of anisocoria noted where right eye pupil was 5mm, fixed and dilated with negative reverse relative afferent pupillary defect (RAPD). Other eye and neurological examinations were unremarkable. Baseline blood investigations were normal with well controlled comorbidities. Computed tomography angiography (CTA) demonstrated a small extra-axial lesion adjacent to right posterior cerebral artery (PCA) possibly a small meningioma measuring 0.5 cm x 0.5 cm. It was abutting P2 segment of right PCA and slightly deviate the right PCOM to the midline. Patient was then referred to neurosurgical department for surgical intervention.

Conclusion

This case illustrates patient with meningioma had similar clinical presentation as PCOM aneurysm. It is crucial to detect cause of ONP early as it can be life threatening. Prompt treatment can save a life and vision.

COSCNO11

CHARACTERISATION OF PATIENTS WITH OPTIC DISC SWELLING: A RETROSPECTIVE STUDY

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Background

Optic disc swelling (ODS) is a pathological condition with causes that warrant extensive workup. This study aims to investigate clinical profile of ODS and the follow up visual acuity (VA).

Methods

Data of hospitalised patients with ODS were extracted from 1st March 2020 to 31st March 2022 using the Electronic Hospital Information System. Follow up VA was obtained between 1 to 4 months after diagnosis, comparison made using paired-sample Wilcoxon test.

Results

This study comprised 37 patients (56 eyes), including 12 patients with optic neuritis (ON), 8 patients with non-arteritic anterior ischaemic optic neuropathy (NAION) and 17 patients with other aetiologies. Among 19 patients (51.4%) with bilateral ODS, 6 (31.6%) had ON, 5 (26.3%) had benign intracranial hypertension and 8 (42.1%) were others. The median age of patients with ON, NAION and others was 32 (IQR 22, 36), 60 (IQR 54, 66) and 37 (IQR 29, 48) years respectively ($p<0.001$). 94.6% complained reduced vision while only ON patients had eye pain. Among 31 patients (48 eyes) who came for follow up, 63.8% had improved VA. 75% of NAION patients had hypertension ($p=0.047$) and only 43% had improved VA during follow up. In general, the median VA at presentation (LogMAR 0.78, IQR 0.3, 1.13) and follow up (LogMAR 0.30, IQR 0.18, 0.89) was significantly different ($p=0.002$).

Conclusion

Clinical profile of ODS varies among different aetiologies. NAION is common in elderly with comorbidities and has poor visual outcome. Careful history taking, examination and investigations are necessary for timely management.

COSCNO12

DISCOVER THE MULTIVERSE OF SYPHILIS

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Introduction

To report a rare case of malignant syphilis with optic neuritis.

Report

A 36-year-old gentleman presented with painless progressive reduced vision over both eyes for 3 months, there's no red eye or ocular trauma. He is diagnosed with human immunodeficiency virus (HIV) and develops multiple nodular-ulcerative lesion over face and large hyperkeratotic papules over his palms and soles for 6 months. Ocular assessment revealed vision right eye 6/9 and left eye 6/24, pinhole 6/12. Relative afferent pupillary defect was positive over left eye with reduced optic nerve function. Anterior segment examination was otherwise normal with minimal anterior vitreous cells on left eye without keratic precipitates. Right fundus noted pink optic disc, with cup:disc ratio of 0.3 while left fundus revealed hyperaemic, oedematous optic disc with disc haemorrhage superiorly. He was diagnosis with left eye optic neuritis secondary to syphilis. Blood Venereal Disease Research Laboratory (VDRL) test reported positive with titre 1:32. He was co-managed with medical and dermatology team to work out for neurosyphilis. Cerebrospinal fluid revealed negative result for syphilis. Skin biopsy was performed and confirmed features of malignant syphilis. He was treated with intravenous C-Penicillin for 2 weeks and Gutt. prednisolone acetate 1% QID over left eye. After 2 weeks of treatment his vision improved to 6/7.5 both eyes, optic neuritis and skin lesions resolved.

Conclusion

Malignant syphilis is a rare and severe variant of secondary syphilis in immunocompromised patient. It is mandated to rule out neurosyphilis in ocular syphilis and with early intervention is lifesaving.

COSCNO13

LIGHT AT THE END OF THE TUNNEL: A CASE REPORT ON NON-STEROID RESPONSIVE NEUROMYELITIS OPTICA SPECTRUM DISORDER

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Introduction

Neuromyelitis optica spectrum disorder (NMOSD) is an autoimmune disease, previously known as Devic disease, characterized by demyelination and inflammation of the optic nerve and spinal cord. Additionally, NMOSD is linked with serum aquaporin antibodies 4 immunoglobulin G (AQP4-IgG).

Report

We report a case of a 24-year-old, previously healthy gentleman complained of left generalized blurring of vision for 1 week. He also had episodes of intractable hiccups and vomiting few weeks prior to the visual impairment. The ocular assessment revealed left positive relative afferent pupillary defect (RAPD) with visual acuity (VA) of counting finger (CF), reduced red desaturation and constricted visual field. Bilateral anterior and posterior segments were otherwise normal. Brain and orbits magnetic resonance imaging (MRI) showed abnormal signal changes at the periventricular and medullary regions. The serum antibody (AQP4-IgG) was positive. His serological tests for leptospirosis, syphilis, viral screening and autoimmune disorders were negative. He was initially given a course of intravenous methylprednisolone 1g/day for 5 days, but his left VA remained poor at 2/60. Despite poor response, he was continued with oral prednisolone 1mg/kg for another 9 days, but his left vision remained poor upon completion of treatment. He was co-managed with the neuromedical team who then decided for plasma exchange (PE). His left vision improved significantly to 6/6, along with improvement of colour vision and constricted visual field after 5 cycles of plasma exchange.

Conclusion

Plasma exchange as second-line treatment in non-steroid responsive NMOSD has shown a significant improvement even in severe optic neuritis. Early PE could benefit patient rather than prolonging steroid treatment.

COSCNO14

A DOUBLE WHAMMY: CASE REPORT OF BILATERAL POSTERIOR ISCHEMIC OPTIC NEUROPATHY SECONDARY TO MYELOPEROXIDASE ANTINEUTROPHIL CYTOPLASMIC ANTIBODY ASSOCIATED VASCULITIS

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Introduction

We report a case of bilateral posterior ischemic optic neuropathy (PION) secondary to myeloperoxidase antineutrophil cytoplasmic antibody (MPO-ANCA) associated vasculitis.

Report

A 46-year-old gentleman with no known medical illness presented with left eye painless blurring of vision for 5 months. Examination revealed visual acuity of right eye 6/9, pinhole 6/6, left eye hand movement. Presence of relative afferent pupillary defect over left eye, bilateral scleral thinning and left temporal optic disc pallor. Other systemic examinations were unremarkable. Multidisciplinary team of neuromedical, rheumatology and nephrology was consulted. Relevant investigations were performed. MPO-ANCA was positive and diagnosed as left eye PION secondary to MPO-ANCA associated vasculitis. Later, he presented with right eye painless blurring of vision for 3 months. Visual acuity was right eye 1/60, left eye hand movement. Both eyes revealed scleral thinning otherwise other anterior segment examination unremarkable and bilateral intraocular pressure was 13mmHg. Fundus examination of the right eye was normal and left eye temporal pale optic disc. Both eyes PION secondary to MPO-ANCA associated vasculitis was made. He was admitted for intravenous methylprednisolone therapy, followed by oral prednisolone with a tapering regime. Oral methotrexate was initiated as the patient has a disease flare

during the course of steroid taper. At 1 year follow-up, his disease progression was stable with a visual acuity of right eye 3/60, left eye light perception.

Conclusion

PION secondary to MPO-ANCA associated vasculitis has rapid disease progression with poor visual outcome. Early diagnosis is vital to allow prompt sight preserving intervention.

COSCNO15

BILATERAL INTERNUCLEAR OPHTHALMOPLEGIA IN NEUROMYELITIS OPTICA SPECTRUM DISEASE

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Introduction

Ocular dysmotility is commonly overlooked as part of the presentation in neuromyelitis optica spectrum disease (NMOSD) because optic neuritis is a more well-known diagnostic criterion. We would like to share our experience of NMOSD presenting as bilateral internuclear ophthalmoplegia (INO) in the absence of optic neuritis.

Report

A 55-year-old lady with 2-weeks' progressive bilateral eye generalised blurred vision, dizziness, hiccups, headache, vomiting and unsteady gait with no diplopia. On ocular examination, there was failure of adduction with contralateral nystagmus on attempt of adduction, consistent with bilateral INO. This was associated with 2-line Snellen chart vision loss. Other optic nerve function tests were normal. Nervous system assessment revealed mild weakness of bilateral limbs without cerebellar signs. MRI brain and spine revealed multiple hyperintense white matter lesions in the supratentorial region, suggestive of demyelinating disease, with no optic nerve enhancement. Cerebrospinal fluid analysis was positive for Aquaporin-4 receptor antibody. Hence the patient was diagnosed as NMOSD even though the imaging was non-specific. Subsequently, she was treated with intravenous and oral corticosteroid followed by plasma exchange therapy. This resulted in resolution of INO and limb weakness after completion of the treatment.

Conclusion

Demyelination of bilateral medial longitudinal fasciculus may present as bilateral INO, in the absence of optic neuritis. Inclusion of this presentation in the NMOSD diagnostic criteria should be considered.

COSCNO16

MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY-ASSOCIATED DISEASE (MOGAD) MIMICKING PLEOMORPHIC XANTHOASTROCYTOMA; A DELAYED PRESENTATION OF REFRACTORY OPTIC NEURITIS

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Introduction

To report a case of delayed presentation of optic neuritis in myelin oligodendrocyte glycoprotein antibody-associated disease initially presumed as pleomorphic xanthoastrocytoma.

Report

An 11-year-old girl initially presented with recurrent left sided focal seizures. MRI (Magnetic Resonance Imaging) showed right temporal cortical based tumour, favouring diagnosis of pleomorphic xanthoastrocytoma. Seizures subsided after commencement of anti-epileptics. She then developed sudden drop of vision after 1 month. Right eye visual acuity was Hand Movement while the left eye was Light Perception. Fundus examination showed swelling of bilateral optic discs. Repeat MRI excluded the presence of space occupying lesion but revealed swollen optic nerves with sheath enhancement. Visual Evoked Potential showed no visible impulses and Myelin Oligodendrocyte Glycoprotein antibody was noted to be positive. Her vision remained poor after a course of intravenous Methylprednisolone and intravenous immunoglobulin therapy. A remarkable improvement of vision to 6/9 bilaterally was achieved after plasmapharesis followed by Rituximab therapy.

Conclusion

Myelin oligodendrocyte glycoprotein antibody-associated disease covers a wide spectrum of manifestations. Delayed presentation of optic neuritis may have a refractory course, which requires stronger immunomodulator therapies for visual recovery.

COSCNO17

SIMULTANEOUS BILATERAL OPTIC NEURITIS IN A CHILD- A CASE REPORT

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Introduction

Commonly, optic neuritis presents with signs of unilateral optic disc swelling or involvement. We report a case of a child with optic neuritis presented with simultaneous bilateral optic disc swelling.

Report

A 10-year-old girl, with history of developmental delay, presented with a first episode of progressive bilateral blurring of vision and frontal headache for one month. There was no diplopia or pain on eye movement, and no other neurological deficits were reported. On examination, best corrected vision was 3/60 OU; extraocular movements were full and there was no relative afferent pupillary defect (RAPD). Although the anterior segments of both eyes were normal, fundoscopy revealed Grade 2 (Frisen Scale) optic disc swellings, which were symmetrical OU, but there were no signs of retinitis, vitritis, or vasculitis. Humphrey visual field testing could not be conducted due to her poor vision and also underlying behavioural condition. Other cranial nerve and neurological examinations were unremarkable. A Computed Tomography (CT) scan of the brain was normal, but Magnetic Resonance Imaging (MRI) later on revealed an enhancement of bilateral optic nerves which indicates optic neuritis, with enhancement of the area postrema suggestive of Neuromyelitis Optica Spectrum Disorder (NMOSD). The child was treated with high dose intravenous methylprednisolone for 5 days and her vision improved to 6/12 OU.

Conclusion

When compared with adults, paediatric optic neuritis can present initially with bilateral involvement, especially with patients who can only give vague medical histories. Radiological findings play an important role in the diagnosis of these cases.

COSCNO18

POSTERIOR ISCHEMIC OPTIC NEUROPATHY ASSOCIATED WITH INTERNAL CAROTID ARTERY THROMBOSIS

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Introduction

Internal carotid artery thrombosis is the occlusion of artery mainly by atherosclerosis. It can potentially cause cerebrovascular accident, cardiovascular event or sudden vision loss. We herein report a case of ischemic optic neuropathy associated with internal carotid artery thrombosis which was detected by angiography.

Methods

Case report

Results

A 68-year-old gentleman presented with both eye blurring of vision of 1 week duration. On examination left eye visual acuity was hand movement with impaired optic nerve function test and relative afferent pupillary defect. Other ocular examination was unremarkable. Right visual acuity was 6/9 with normal anterior and posterior segment. His neurological examinations were unremarkable. There was no carotid bruit on auscultation.

Blood investigations revealed normal limits for infective and autoimmune screening. MRI showed slow flow and stasis of blood of the left intracranial internal carotid artery. Subsequently computed tomography angiography was done and there was complete total occlusion of left internal carotid artery with good collateral flow of intracranial arteries.

Hence a diagnosis of left internal carotid artery thrombosis was made. He was treated conservatively with double antiplatelet. However, left visual acuity remains hand movement with impaired optic nerve function test.

Conclusion

Ischemic optic neuropathy due to internal carotid artery occlusion. Prompt imaging with angiography should be done to rule out life threatening event.

COSCNO19

WHERE IS THE LESION?

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Introduction

To report a case of young female with unilateral optic disc swelling associated with unilateral body swelling of unknown cause.

Report

A 20-year-old female presented with diplopia and blurring of vision of both eyes for 1 month. She had persistent recurrent headaches for the past 2 years associated with nausea and vomiting. Visual acuity on the right eye (RE) was 6/60, pinhole 6/36, left eye (LE) visual acuity was 6/36 pinhole 6/30. There was loss of red desaturation and light brightness by 50 % on the left eye with no relative afferent pupillary defect (RAPD). Extraocular movement was limited mostly on abduction on both eyes. Both anterior segment examinations were normal. LE fundus examination revealed hyperemic and swollen disc with normal fundus examination on the RE. Neurological examination showed reduced power over the right side with no other neurological deficit. CT brain and orbit showed no evidence of space occupying lesion or intra-orbital abnormality. She was referred to neuromedical and investigated for demyelinating disease. MRI brain, orbit and spine was scheduled. What could the findings be?

Conclusion

This is a 20-year-old female with left eye optic disc swelling of unknown origin.

COSCNO20

CASE REPORT: LOSS OF VISION FOLLOWING UNEVENTFUL CORONARY ANGIOGRAM

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Introduction

Coronary angiography is the gold standard to diagnose coronary artery disease. Ocular complication due to coronary angiography is very rare. We report an intriguing case of sudden unilateral loss of vision following cardiac angiography.

Case Presentation

A 57-year-old Indian lady, with underlying hypertension, type 2 diabetes mellitus and ischemic heart disease, presented with sudden onset of left eye vision loss upon waking up following an uneventful coronary angiography. On ocular examination, left eye had no perception of light with a positive relative afferent pupillary defect. The optic disc was swollen but otherwise normal retina. Anterior and posterior segment of the right eye was normal. On visual field examination, there was a new onset of total left eye scotoma with right eye superotemporal scotoma. Magnetic resonance imaging (MRI) of the brain revealed multifocal acute bilateral cerebral (frontal, parietal and occipital lobes), left cerebellar infarcts and multiple chronic lacunar infarcts. The patient was diagnosed to have left eye non-arteritic anterior ischemic optic neuropathy (NAION) with a possibility of cerebral ischemia explaining the bilateral eye involvement and severity of the right eye visual field defect.

Conclusion

Clinicians should be aware of NAION as a possible complication from coronary angiography and patient must be informed regarding these potential complications, which is often associated with permanent visual loss.

COSCNO21

PREVOST'S SIGN - CONJUGATE EYE DEVIATION CORRESPONDING TO SITE OF LESION

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Introduction

Prevost's sign is a common manifestation post-acute middle cerebral artery (MCA) ischemic stroke. Majority of patients with left MCA infarct simultaneously present with conjugate eye deviation to the left.

Report

A 69-year-old gentleman with no known medical illness presented to the emergency department with 9 hours sudden onset history of right-sided upper limb weakness and slurring of speech, associated with conjugate eye deviation to the left. His right sixth cranial nerve was affected with no other cranial nerve abnormalities. Otherwise, there were no cerebellar signs. The anterior segment and fundus examination of both eyes were unremarkable. Non-contrasted computed tomography (CT) scan of Brain showed multifocal acute infarcts involving the left MCA territory of varying ages with recent infarct over the left frontal and left parieto-temporal region. His ocular signs resolved within 48 hours however his systemic neurological deficits still remain prior discharge from ward.

Conclusion

Prevost's sign in acute MCA infarct is not uncommon. It should not be neglected as a key sign of acute MCA hemispheric infarct although the ocular sign is transient.

COSCNO22

ATYPICAL OPTIC NEURITIS – NEVER GIVE UP

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Introduction

Demyelinating disease does not only involve the eye, but also systematically. Studies have shown 30% of all patients with optic neuritis develop demyelinating disease such as multiple sclerosis within 5 years. Thus, an idiopathic optic neuritis may indicate inflammation of the optic nerve which could be caused by a demyelinating event.

Report

A 38-year-old gentleman, with no known medical illness, presented with progressive painless left eye blurring of vision for 3 days. Upon examination, relative afferent pupillary defect (RAPD) was positive over left eye, with hand movement vision and impaired optic nerve function test over left eye. Fundus examination revealed left eye unilateral optic disc swelling. He was then started on intravenous Methylprednisolone 250mg QID for 3 days, followed by 11 days of oral Prednisolone of 1mg/kg. All the infective screening and inflammatory markers were insignificant. Computerized Tomography (CT) brain and orbit revealed thickened left optic nerve, but Magnetic Resonance Imaging (MRI) brain and whole spine was unremarkable. During the subsequent follow ups, his vision remained the same but unfortunately, he developed urinary urgency with occasional incontinence 6 months after the first onset of optic neuritis. He was then diagnosed with neuromyelitis optica spectrum disorder and co-managed with neuromedical team.

Conclusion

Regular follow up is important to monitor the progression of signs and symptoms of the patients especially patients with suspected demyelinating disease to prevent missing any pertinent symptoms leading to the definite diagnosis.

COSCNO23

ATYPICAL OPTIC NEURITIS; A CASE SERIES

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Introduction

Atypical optic neuritis (ON) can result from an inflammatory, infectious, or autoimmune disorder.

Report

Case 1.
A 42-years-old male presented with painless, progressive and intermittent both eyes (BE) blurring of vision for 7 months. Right eye (RE) vision was NPL and CF on the left eye (LE) with positive RAPD. Both optic discs (OD) were swollen with features of ON in MRI orbit. HSV IgG was positive. Hence was given intravenous acyclovir for 2 weeks and intravenous methylprednisolone (IV MTP) 250 mg QID for 3 days with tapering dose of oral steroid. His visions improved to CF but ODs became pale.

Case 2
A 49-years-old male presented with RE superior half blurred vision for 1 week and sudden vision loss for 1 day. RE vision was PL; LE was 6/9 with positive RE RAPD. ODs were normal. MRI showed features of right pre-chiasmatic right-side optic chiasm and right optic tract inflammation, suggestive of ON. His serum Aquaporin-4 was positive. IV MTP was given for 5 days with tapering oral steroid. His visions improved to 6/9.

Case 3
A 48-years-old man had both eyes pain and right eye sudden vision loss with vision 1/60 (RE), 6/24 (LE). RE RAPD was positive. Both OD were swollen. MRI orbit showed bilateral optic perineuritis. IV MTP was given for 3 days, followed by oral steroid. Final visions were 6/9 BE.

Conclusion

The aetiology of atypical ON varies widely. Early presentation and treatments are the key factors for good visual prognosis.

COSCNO24

PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA MANIFESTING AS BILATERAL INTERNUCLEAR OPHTHALMOPLEGIA

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Introduction

We describe a unique case of primary central nervous system (CNS) lymphoma presenting as bilateral internuclear ophthalmoplegia (INO).

Report

A 36-year-old gentleman with untreated HIV (human immunodeficiency virus) presented with one week history of double vision associated with right lower limb weakness.

Visual acuity was 6/9 in bilateral eyes (BE) with normal pupillary response. Intraocular pressure was normal BE. Ocular motility examination revealed bilateral restricted adduction and abducting nystagmus upon rightward and leftward gaze. Upward and downward gaze were unremarkable. Primary gaze was central, and convergence was spared.

Computed tomography (CT) scan of the brain demonstrated left intra-axial parietal lesion with vasogenic oedema suggestive of lymphoma or cerebral toxoplasmosis with no evidence of lesion over brainstem. Subsequent evaluation with Magnetic Resonance Imaging (MRI) brain showed increasing multiple enhancing intra-axial lesions demonstrating restricted diffusion on diffuse weighted imaging (DWI) and raised choline which is suggestive of CNS lymphoma. There was hyperintense signal on FLAIR at the posterior aspect of the pons corresponding to his symptoms.

He deteriorated during his hospital stay as he developed right upper limb weakness with worsening lower limb weakness. Repeated CT revealed progression of mass effect abutting right lateral ventricle.

Conclusion

This is a rare case of a patient with CNS lymphoma manifesting as bilateral INO. This highlights the superiority of MRI for evaluation of eye movement disorders due to brainstem dysfunctions.

COSCNO25

RESOLUTION OF VISUAL FIELD DEFECT IN OPTIC NERVE SHEATH MENINGIOMA POST GAMMA KNIFE RADIOSURGERY

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Introduction

Optic nerve sheath meningiomas are rare and benign tumours which arise from meningothelial cells of the meninges surrounding the optic nerve. Although surgical decompression may be used in large tumours which causing mass effect to surrounding structures, the mainstay of treatment is radiotherapy.

Report

A 44-year-old Chinese gentleman with no comorbid who complained of right eye progressive painless blurring of vision for the past two years with no proptosis. Examination showed right eye visual acuity was 6/12 with positive relative pupillary afferent defect (RAPD) and reduced in light saturation. Anterior and posterior segments examination were unremarkable. Humphrey Visual Field (HVF) noted right superior quadrantanopia with preserved colour vision. Magnetic resonance imaging (MRI) of brain and orbit showed right orbital apex lesion measuring about 0.5x 0.5 x 0.4cm inferior to the intracanalicular segment of right optic nerve which leads to compression of the right optic nerve. He was treated with gamma knife radiosurgery which performed by Neurosurgical Team. Post treatment, his vision improved to 6/6 with resolved right superior quadrantanopia.

Conclusion

This case illustrates the useful of gamma knife radiosurgery as treatment modality in optic nerve sheath meningiomas as evidence by good tumour control and excellent vision recovery with least side effect.

Orbital, Oculoplastic, and Lacrimal

COSCOR01

A RARE CASE OF BILATERAL INFANTILE ORBITAL CELLULITIS COMPLICATED WITH MENINGITIS AND SUBPERIOSTEAL ABSCESS CAUSED BY STAPHYLOCOCCUS AUREUS

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Introduction

Orbital cellulitis is an infection that is confined posterior to the orbital septum. It can affect both adults and children, however it can occasionally affect infants. Paranasal sinus disease is the commonest predisposing cause, especially in the pediatrics age group. It is characterized by unilateral or bilateral proptosis, chemosis, ophthalmoplegia and decreased visual acuity. Orbital cellulitis may rapidly progress to form abscess and Staphylococcus aureus is the most frequently involved microorganism.

Report

We report a case of a 3-month-old infant presented with history of fever, bilateral periorbital swelling, redness, and proptosis preceded by upper respiratory tract infection. Computed tomography showed features of bilateral orbital cellulitis with subperiosteal abscess. Methicillin sensitive Staphylococcus aureus was isolated from the blood culture. The child also developed bacteremia complicated with meningitis. The infection was successfully treated with intravenous antibiotics alone.

Conclusion

Despite significant advances in antimicrobial therapy and imaging techniques, the management of pediatric orbital cellulitis remains challenging. Hence, rapid diagnosis and prompt management can prevent vision loss and life-threatening complications.

COSCOR02

CASE REPORT OF RHINO-ORBITAL-CEREBRAL MUCORMYCOSIS IN A PATIENT WITH COVID-19 POSITIVE

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Introduction

Mucormycosis, a fungal infection surging as a COVID-19-associated infection. Most mucor molds are incapable of infecting humans however thermotolerant species, such as those isolated from COVID-19 associated mucormycosis can cause opportunistic infection.

Report

A 53-year-old diabetic gentleman was diagnosed with CAT 4a COVID-19. Post COVID infection, he had toothache and was diagnosed with left maxillary and mandibular gum abscess. He underwent left molar tooth extraction with pus drainage then developed left facial swelling involving the periocular area. He presented to us with severe headache subsequently developed left sided drooping of the angle of the mouth and left sided ptosis followed by loss of vision in the left eye as well. Examination showed left proptosis with eye swelling. Vision of the left eye was no perception to light. RAPD was present. The left eye extraocular movement was limited to -3 in all direction. Dilated funduscopic of affected eye showed dilated vessels, cherry red spots and poor macula reflex. Oral cavity noted a poor dental hygiene with a small area of black ulceration noted over the palatal region. CT scan and endoscopic examination showed left chronic rhinosinusitis superimposed with an eschar on the inferior turbinate extending to the lamina papyracea. Surgical evacuation was done, and cultured tissues yielded Stenotrophomonas, Maltofilia, Rhizopus.

Conclusion

This case differs in its initial manifestation involving a molar, compared to others that presents as sinusitis. The majority of patients with mucormycosis experienced a non-descript headache, diplopia, visual disturbances, facial weakness or numbness.

COSCOR03

CAST FORMING CHRONIC CANALICULITIS

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Introduction

Chronic canaliculitis is a rare infection of the lacrimal canaliculi. In addition to its rarity, difficulty in isolation of microorganisms and indefinite symptoms results in deferment of treatment. Culprits leading to this condition include bacterial, viral and fungi. The commonest organism being *Actinomyces israelii*, which is known for its sulphur cast producing properties.

Report

A 76-year-old female, presented with pain and yellowish pus discharging from left upper lid punctum for a year duration. Anterior segment examination of the left eye revealed pouting over the left upper punctum with surrounding injection and swelling associated with active yellowish mucoid discharge on expression. The punctum was tender to touch. Other examinations were unremarkable. The yellowish discharge was collected and sent for culture and sensitivity; however, it was later reported as no growth of any organism. Despite several courses of prolonged topical antibiotics and intracanalicular irrigations of antibiotics, the condition remit and relapse. Hence, we proceeded with canaliculotomy to discover multiple small to medium size of concretion within the canaliculi which was then curetted. Patient was then continued with topical antibiotics and the symptoms were very much resolved during follow-up.

Conclusion

Greater recognition is crucial to prevent misdiagnosis and hindrance in treatment. Failure of topical treatment will usually require surgical exploration of the canalicular system and removal of casts.

COSCOR04

A RARE CASE OF UVEAL MELANOMA IN YOUNG AGE PATIENT

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Introduction

Uveal melanoma, being the most common primary intraocular malignancy in adults tend to arise from fifth to sixth decade of life and is a rare occurrence in Malaysian population. Herein, we present a rare case of choroidal melanoma in a younger age group patient.

Report

A 46-year-old woman presented with 1 week history of reduced vision over her right eye associated with seeing shadow at temporal visual field, floaters and flashes of light. Vision on presentation was mildly impaired (6/18) however worsened over the course of 3 months into hand movement (HM) with positive relative afferent pupillary reflex (RAPD). Dilated fundus examination showed huge intraocular pigmented mass arising from inferior retina which was confirmed with B-scan ultrasonography. Subsequently, MRI orbit ~~done~~ revealed a right intraocular mass possible uveal melanoma with no extraocular extension of the mass. A provisional diagnosis of choroidal melanoma was made after consultation with oculoplastic team. Enucleation was performed as the primary treatment and diagnosis was confirmed with histopathological examination. Chemotherapy or radiotherapy was not indicated as there was no extraocular spread of the mass.

Conclusion

Prompt detection and treatment initiation for uveal melanoma is paramount especially in young patients due to the aggressive nature of the disease, as in our patient.

COSCOR05

BLINDING RHINO-ORBITAL-CEREBRAL MUCORMYCOSIS

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Introduction

Immunocompromised patients particularly diabetics are vulnerable of getting rhino-orbital-cerebral mucormycosis, especially during the episode of diabetic ketoacidosis. Widespread tissue inflammation, necrosis, and reduced blood flow within the orbit may lead to dreaded potentially blinding complications like central retinal artery occlusion (CRAO) and optic nerve infarction. We report a rare case of complicated orbital mucormycosis with CRAO and panophthalmitis.

Report

A 49-year-old lady with underlying diabetes mellitus and hypertension, presented with lethargy, fever, headache and vomiting for 3 days. It was associated with blocked nose, and right malar region swelling that extended to the neck. She also developed ptosis and blurring of vision in the right eye (RE) for one day.

Patient was alert, dehydrated, tachycardic and capillary blood sugar of 30.6mmol/l upon presentation. Visual acuity in RE was hand movement with positive relative afferent pupillary defect. The eye was frozen and had no movement. Fundoscopy showed a pale optic disc with presence of cherry-red spot at the fovea.

Nasoendoscope revealed eschar covering right ostiomeatal complex, middle and inferior turbinates suggestive of mucormycosis. Contrasted CT scan showed rhinosinusitis changes with bony erosion of right paranasal sinuses. MRI brain revealed focal right cerebritis.

The patient underwent sinus surgery with debridement. Histopathological sample grew Rhizopus sp. She was started on systemic amphotericin-B. Repeated intravitreal amphotericin-B injections were given over RE. However, RE deteriorated into panophthalmitis and became no perception to light. No evidence of fungal infection over left eye upon follow-up.

Conclusion

Rhino-orbital-cerebral mucormycosis is a severe infection that may lead to devastating ocular complications.

COSCOR06

DOCTOR, DO I HAVE CANCER AGAIN? – A CASE OF CONJUNCTIVAL LYMPHOMA RECURRENCE

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Introduction

Conjunctival lymphoma accounts for a quarter of all ocular adnexal lymphomas. Although overall prognosis is generally good, with ninety percent resolution during one year follow-up periods, those in long remission states may still have recurrence.

Report

A sixty-five year old Chinese male presented with an acute insidious onset of painless right eye conjunctival swelling for two months. There were no worsening vision, no swelling elsewhere and no constitutional symptoms. This gentleman has been in remission for nine years for his Hodgkin's Lymphoma that was diagnosed from a left upper lid biopsy. He underwent twenty fractions of chemotherapy and completed follow-ups. Anterior chamber examination revealed a smooth, immobile, vascularized, conjunctival swelling with a salmon patch appearance. There were no ulceration, no nodular appearance and no contact bleed. Initial biopsy only revealed signs of chronic inflammation. Imaging showed a soft tissue lesion abutting the surface of the right eye globe representing residual or recurrence of tumour. Due to high suspicion, biopsy was repeated again and HPE results show low grade B-cell lymphoma of extranodal marginal zone lymphoma. The patient was subsequently referred to the haematology department and oncology department for initiation of radiotherapy treatment.

Conclusion

There are a myriad of causes of conjunctival swelling, however typical appearance and previous history of said disease requires more aggressive approach in establishing a diagnosis.

COSCOR07

A CASE OF PARINAUD OCULOGLANDULAR SYNDROME – THE ATYPICAL "RED EYE"

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Introduction

Parinaud oculoglandular syndrome typically presents as a unilateral granulomatous, follicular conjunctivitis with ipsilateral regional lymphadenopathy. It has been observed in various bacterial, fungal, and viral infections, but most commonly in cat scratch disease.

Report

A fifty-one-year-old woman presented with a two month history of unilateral granulomatous palpebral conjunctivitis and swelling over right lateral canthus, associated with ipsilateral preauricular lymphadenopathy. She was initially treated with two courses of antibiotics as outpatient management throughout the progression of her disease. She later developed an acute swelling over right medial canthus, diagnosed as acute dacryocystitis and was treated with intravenous antibiotics. A positive history of feline contact prompted bartonella serology to be sent. Results was negative, and her poor response towards microbial therapy led to further investigation to rule out malignancy. A contrasted scan of the orbits displayed lesions suspicious of malignancy: a lesion at inferior eyelid which laterally abuts the inferior tarsal plate and another lesion arising from subcutaneous tissue overlying frontal process of right zygoma. This patient underwent incisional biopsy of the right lower lateral and medial eyelid mass, which revealed granulomatous inflammation with no signs of malignancy.

Conclusion

Parinaud oculoglandular syndrome is commonly associated with infectious causes specifically bartonella. In the setting of poor response to antimicrobials and acute progression, practitioners however should always be alert of malignancy. Further test such as imaging and biopsy is indicated to ensure accurate diagnosis and appropriate management.

COSCOR08

SQUAMOUS CELL CARCINOMA OF THE EYELID

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Introduction

Squamous cell carcinoma (SCC) is the second most common malignancy of the eyelid. The aggressive nature of this malignancy can lead to significant life-threatening metastasis. This malignancy is common among the fair skin complexion people with chronic sun exposure especially ultraviolet B.

Report

We report a case of a 62-year-old Chinese lady who has underlying hypertension and end stage renal failure presented with painless right upper lid mass, slow growing for 1 year. She was a previous smoker with ultraviolet exposure for 20 years. Examination revealed a mass over the lateral one third of the right upper eye lid, measuring horizontally about 2mm and vertically 1.5mm, surface is irregular with firm consistency and there was presence of multiple nodular lesions, telangiectatic vessels and minimal vascularization on it. Eyelid margin contour and eyelashes were lost. There was no ulceration of the eye, no discharge and absence of diplopia. There were pigmentary changes on her face. Other ocular structures were within normal limits. No associated lymphadenopathy was noted. CT orbit done for the patient showed right eye upper lid enhancing lesion with suspicious involvement of the lateral rectus muscle and adjacent extraconal periorbital fat but does not show extension into the globe. Biopsy of the right upper lid mass showed squamous cell carcinoma. In view of the possible extension to the lateral rectus muscle, patient underwent right eye exenteration with skin grafting from the under arm and for possible radiotherapy later.

Conclusion

SCC can lead to significant life-threatening metastasis as opposed to more common and frequently encountered basal cell carcinoma. Delay in diagnosis will lead to patient losing his eyeball. Therefore, the role of prevention should be emphasised by using protective clothing or sun block and any suspicious eyelid lesion should be excised and biopsied early.

COSCOR09

IS THIS TOO SWEET? ORBITAL INFILTRATION AS THE ONLY SIGN OF RELAPSED SWEET SYNDROME

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Introduction

Sweet Syndrome (acute febrile neutrophilic dermatosis) is a rare dermatologic disorder with accompanying features of systemic inflammation. It is characterized by a neutrophilic dermatosis in the setting of fever and a raised white cell count. Ocular manifestations of Sweet Syndrome vary, but include periorbital/orbital inflammation, dacryoadenitis, conjunctivitis, episcleritis, limbal nodules, iritis, peripheral ulcerative keratitis and choroiditis.

Report

We present a case of a 43-year-old Chinese gentleman who had a relapse of Sweet Syndrome, but with only an ocular manifestation, being extraocular muscle infiltration leading to restriction in eye movement. He was treated with systemic corticosteroids followed by second-line immunosuppression. He responded well with full resolution of ocular signs.

Conclusion

Ocular manifestation could be the only presenting sign of a relapsed Sweet Syndrome even before the onset of skin rashes and elevated inflammatory markers. Therefore, high clinical suspicion should be raised in order to initiate treatment.

COSCOR10

RHINO-ORBITAL MUCORMYCOSIS

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Introduction

To report a case of left eye (LE) rhino-orbital mucormycosis with orbital apex syndrome.

Report

A 6-year-old Malay girl initially presented with generalized sepsis and LE inferior eyelid swelling in December 2021. She was newly diagnosed with B-acute lymphocytic leukemia (B-ALL). She had undergone partial induction with steroids pending commencement of first cycle of chemotherapy. On examination, bilateral eyes (BE) vision was 6/9 with LE mild inferior preseptal cellulitis, while anterior and posterior segments were normal. Within a week, her LE condition deteriorated to non-perception to light, positive relative afferent pupillary defect, swollen erythematous eyelids, proptosis and total ophthalmoplegia. Posterior segment of LE revealed total exudative retinal detachment and inferior choroidal abscess. B-Scan LE showed T sign and choroidal thickening. Her right eye also developed mild preseptal cellulitis. Computed tomography of orbit and brain revealed left panophthalmitis with paranasal sinus thickening. Left nasal tissue biopsy by otorhinolaryngology team showed necrotic tissue with fungal elements. She was started on high dose intravenous antifungal micafungin and subsequently upgraded to amphotericin B for 6 weeks during which she redeveloped blast cells in her bone marrow signifying a recurrence in her B-ALL. Chemotherapy could not be initiated due to the underlying fungal infection. Following a multidisciplinary team meeting, parents opted for palliative treatment versus facial exenteration. She sadly succumbed to her disease a month later.

Conclusion

Rhino-orbital mucormycosis has a high risk of devastating complications including mortality and blindness especially in immunocompromised patients. Survival improves with antifungal treatment combined with surgical management at 59.5% of patients.

COSCOR11

ORBITAL CELLULITIS POST NASOPHARYNGEAL SWAB: A COINCIDENCE OR A POOR LUCK?

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Introduction

Preseptal and orbital cellulitis are commonly seen in children than in adults. The incidence of paediatric orbital cellulitis is 1.6 in 100 000. The impact of Coronavirus disease 2019 (COV-19) has led to an increasing practice of nasopharyngeal swabs surveillance. We presented a case of a paediatric orbital cellulitis secondary to severe acute sinusitis following a nasopharyngeal swab.

Report

A healthy 4-year-old Malay boy was brought in by mother with increasing painful left eye swelling and redness. 3 days prior, the patient developed fever, mild rhinitis with loss of appetite which raised concern of COV-19. He had a nasopharyngeal swab on that same day and was tested negative. Clinically, there was marked tender periorbital and facial swelling involving the left nasal bridge, maxilla extended to left upper lip with deviation of left nasal tip contralaterally. Computed tomography head and orbit showed left eye proptosis, with underlying fullness of left maxillary and ethmoidal sinuses and left extraconal space cellulitis. Patient received empirical antibiotics and surgical intervention at a timely manner and recovered well with improvements in ocular symptoms.

Conclusion

The nasal swabbing techniques may vary among practitioners, and it is associated with extremely low risks of severe complications from 0.001% to 0.16%. Whether the swab had aggravated the underlying rhinitis or traumatised the turbinates leading to sinus drainage obstruction; a nasal swab may impose risk of severe orbital infection in a susceptible paediatric patient. Any health practitioner conducting the nasal swab should be vigilant about this potential complication.

Others

COSCOT01

OCULAR TUBERCULOSIS WITH LYMPHADENITIS

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Introduction

Ocular tuberculosis is a granulomatous chronic infection with mycobacterium tuberculosis with or without systemic involvement. It is a challenge to put a correct diagnosis and to establish a specific therapeutic protocol.

Report

We present a case of tuberculous lymphadenitis, with ocular signs and symptoms, a rare form of extra pulmonary tuberculosis.

Patient initially presented with enlarged cervical lymph nodes in for 1 month. Quantiferon result was borderline. TB lymph node biopsy was negative to Ziehl-Neelsen stain. Patient subsequently referred to eye clinic with progressive loss of vision in the left eye for two weeks. Fundus revealed vitreous haemorrhage with retinitis. The thoracic x-ray was normal and, the sputum result was negative for *M.tuberculosis*. Repeated cervical lymph node biopsy showed granulomatous inflammation with mycobacterium infection with positive Ziehl-Neelsen stain. After initiating anti-tuberculosis drugs, the visual improved. During anti TB treatment, patient developed macula edema which had resolved after being given subtenon triamcinolone.

Conclusion

Diagnosing ocular tuberculosis could be challenging. Repeated investigation should be done in highly suspected case. Close monitoring is necessary even after initiation of anti TB treatment. Delay in diagnosis and treatment could lead to permanent loss of vision.

COSCOT02

DR, IS MY CATARACT BACK? – A REPORT ON INTRAOCULAR LENS OPACIFICATION

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Introduction

Intraocular lens (IOL) opacification is an infrequent complication requiring IOL exchange due to inevitable reduction of quality of vision. We report three cases of hydrophilic acrylic IOL opacification with different aetiologies.

Report

The first case is a 78-year-old gentleman with no comorbidities who presented to us in September 2021 complaining of progressive blurry vision of his right eye (RE) over two years. He had an uneventful phacoemulsification (PHACO) with in-the-bag intraocular lens implant (PCIOL) in the RE in 2012. He developed advanced glaucoma over the years and underwent RE trabeculectomy with mitomycin C application in 2018 and i-Stent insertion in 2019.

The second case is a healthy 67-year-old gentleman who was seen in January 2022 with a similar complaint for one year. He underwent RE PHACO and PCIOL in 2019, which was later complicated with cystoid macular oedema, requiring multiple intravitreal anti-VEGF injections. He eventually developed pseudophakic bullous keratopathy requiring RE Descemet Stripping Automated Endothelial Keratoplasty (DSAEK) in November 2020.

Lastly, a 72-year-old woman with underlying type II diabetes mellitus was seen in January 2022, complaining of misty vision of her left eye (LE) for one year. She had an uneventful LE PHACO and PCIOL in 2019.

All three patients underwent IOL exchange. Case two and three achieved best corrected visual acuity (BCVA) of 6/9 and 6/6 respectively. Case one did not have any improvement due to advanced glaucoma.

Conclusion

Our report highlights the varied aetiologies contributing to IOL opacification and a better understanding of these factors may help reduce its incidence.

COSCOT03

CAPSULAR BAG DISTENSION SYNDROME – BE AWARE: A CASE SERIES

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Introduction

Capsular bag distension syndrome (CBDS) has been observed in patients who underwent cataract surgery with implantation of a posterior chamber intraocular lens (IOL) in the capsular bag following a continuous curvilinear capsulorhexis (CCC). It is observed when accumulation of fluid between the IOL and posterior capsule results in distended posterior capsule with anterior displacement of the IOL. As it is a relatively uncommon complication of phacoemulsification, practitioners often overlook its clinical findings. We aim to further put these cases into light to increase the awareness of it.

Report

We report 4 cases of patients who developed early CBDS. We describe the signs and symptoms of the syndrome leading to diagnosis, the possible predisposing factors and options of treatment. Diagnosis were made clinically without the confirmation of anterior segment ultrasound biomicroscopy or anterior segment optical coherence tomography. 2 of these patients underwent intervention which resulted complete resolution of their signs and symptoms. We also discuss the possible role of lens design used in contributing to predisposing factors. Current literature review is also made with regards of this syndrome.

Conclusion

Awareness of capsular bad distension syndrome will prompt practitioners to clinically recognize, and to treat CBDS accordingly in the future. Neodymium (Nd):YAG laser capsulotomy was shown to be a safe and effective treatment option for this syndrome.

COSCOT04

INCIDENCE OF POSTERIOR CAPSULAR RUPTURE AND DROPPED NUCLEUS DURING CATARACT SURGERY BEFORE AND DURING THE COVID-19 PANDEMIC AT PUSAT PEMBEDAHAN KATARAK MAIWP (PPKM)

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Background

Elective cataract surgery was abridged throughout COVID-19 pandemic. This study is to report and compare the incidence of posterior capsular rupture (PCR) and dropped nucleus prior and during COVID-19 pandemic.

Method

The local Electronic Medical Record (Eye Clinic Management System, ECMS) collected data on patients' profile, clinical practice and surgical outcome of patients undergoing cataract surgery at the center. Review of ECMS was done on patients who have undergone cataract surgery during two periods: 17th March 2018 to 17th March 2020 (P1) prior to pandemic and 18th March 2020 to 31st March 2022 during pandemic period (P2). Variable of interests were patient's demographics and intra-operative complications namely PCR and Dropped Nucleus. Descriptive analysis was performed.

Results

7035 operations done during P1 and 4226 during P2 period. Patient's mean age for P1 was 64 and 65 for P2 period. During P1 period PCR percentage was 0.83%. During P2 period there was a higher percentage of PCR reported 2.30% which is significance ($p < 0.00001$)

However, there was no significance increase in the percentage of dropped nucleus from P1 period, 0.23% to P2 period 0.43% with $p = 0.063$.

Conclusion

Percentage of PCR was significantly increased during pandemic period. However, percentage of dropped nucleus remained the same. Impact of prolonged cataract surgery cessation led to higher incidence of PCR, possibly due to surgeon de-skilling and patient's late presentation. Further analysis is required to evaluate the risk factors for PCR and dropped nucleus as the results of the pandemic.

COSCOT05

ENDOGENOUS ENDOPHTHALMITIS IN LIVER ABSCESS: A CASE SERIES

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Introduction

Endogenous endophthalmitis is a devastating intraocular infection that can lead to sight-threatening complications. Pyogenic liver abscess is a common intraabdominal infection that in recent years has been associated with *Klebsiella pneumoniae* in Asia.

Results

Three patients presented with endogenous endophthalmitis had liver abscess as the source of infection. Two of patients had uncontrolled diabetes mellitus and were admitted for septicaemia with positive blood culture of *Klebsiella pneumoniae*. They develop endophthalmitis about two weeks after admission to the hospital. They received four times intravitreal antibiotic .Their presenting vision was vague perception to light and they were hemodynamically unstable for vitreoretinal surgery. Their ocular infection resolved, however vision remains no perception of light. The third patient a 71 years old gentleman with no known medical illness presented first to the eye clinic with painful left eye swelling for four days with reduced vision. The endogenous endophthalmitis was detected first, searching for the site of the source of the infection then revealed the liver abscess. He did not have any positive cultures and received intravitreal antibiotics once, and then underwent anterior chamber washout, lensectomy, and pars plana vitrectomy. Intraoperatively noted presence of subretinal abscess inferiorly. The patient's ocular infection resolved and vision remains hand movement.

Conclusion

Immunosuppressed patients, despite being on intravenous antibiotic which is sensitive to the culture obtained can develop endogenous endophthalmitis. Physicians and internists should be alert to endophthalmitis especially in patients with liver abscesses for early detection and treatment.

COSCOT06

SUBTENON-RELATED TRANSIENT TOTAL VISION LOSS

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Introduction

Uncomplicated cataract surgery is always the aimed of every cataract surgeon. However, the successful surgery may not always lead to good visual outcome. This case report aims to highlight an unusual case of possible subtenon-related total vision loss post uneventful cataract surgery.

Report

A case of 67-year-old man with multiple comorbidities who underwent an uncomplicated phacoemulsification for his precious right eye. The surgeon took precaution by giving subtenon anesthesia. The surgery went on smoothly. Once the surgical microscope was taken off, patient complaint of total darkness. Examination revealed painless, ipsilateral partial ptosis with limitation of extraocular muscle movement. No proptosis. The anterior segment and intraocular pressure were normal. The fundus findings were unremarkable. His vital signs were also stable with no cardiac arrhythmia. He was however treated as having vascular occlusion and immediate ocular resuscitations were performed. CT scan (angio) brain and orbit were done urgently but showed insignificant findings. Fortunately, his vision improved from non-perception of light to hand movement after two hours. He then regained his vision that night to 6/9. The fundus findings remained unremarkable.

Conclusion

Transient total visual loss post uneventful cataract surgery was challenging. It could be contributed by subtenon anaesthesia or thromboembolic event. Although very rare, early recognition and prompt interventions may be beneficial to prevent irreversible sequelae.

COSCOT07

ANTERIOR BIOMETRY PROFILE OF HIGH AXIAL MYOPIA IN CATARACTOUS EYES IN KUANTAN – EARLY RESULTS

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Background

To study the associations between anterior segment biometry and high axial myopia in cataractous eyes in the urban Malaysian population in Kuantan, Pahang.

Methods

Highly myopic patients undergoing pre-operative assessment for phacoemulsification were consecutively recruited from a single tertiary eye centre in East Coast Malaysia. Patients with concomitant ocular diseases that affected the anterior segment or low-quality biometry examinations were excluded. Each patient underwent detailed visual and slit-lamp assessments and ocular biometry examination using a Zeiss IOLMaster 700. If two eyes were highly myopic, only the right eye was included.

Results

The mean age of participants was 59.45 $\pm$ 12.78 years, and 56.8% were male. There were 81 eyes, predominantly Malay eyes of 71.6%. While there is no difference in mean axial length, white-to-white diameter, corneal astigmatism and average keratometry in highly myopic Malay and Chinese patients, Chinese eyes had shallower anterior chamber depth and thicker lens ($p<0.01$) and thicker central corneal thickness compared to Malay eyes ($p=0.04$). The range of spherical power of the intraocular lens (IOL) implanted were -1.0 D to 14.0 D.

Conclusion

This early data can guide selection of IOL and prediction of intraoperative complications and postoperative outcomes in these groups with different racial predispositions. As more data will be available, further analysis of efficacy of phacoemulsification in highly myopic eyes and profiling of anterior biometry features in richly diverse Malaysian populations to improve surgical success.

COSCOT08

DOES BLURRING OF VISION AFFECT THE OUTCOMES OF VISUAL SEARCH TRAINING IN PATIENT WITH HEMIANOPIA? EVIDENCE FROM A CASE STUDY

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Introduction

A study on the effects of induced optical blur on visual search performance and training in neurotypical participants with intact visual fields showed that visual search performance significantly improved after training despite blurring of vision. To make recommendations about how to use visual search for rehabilitation in clinical practice, it is crucial to understand this behavior in the populations of interest like patients with hemianopia.

Report

This case study is conducted to investigate the visual search performance of a patient with hemianopia under optically induced blurring of vision compared to age-matched control group. Both eyes of a patient with hemianopia were blurred optically to 6/24 visual acuity at near distance prior to completing conjunction search tasks (consisted of slash search task and find-the-number search task) and features search task (consisted of color, shape, and size search task). The primary outcome measures were the mean reaction time and mean accuracy of the visual search tasks. There was an improvement in the visual search performance in all visual search tasks after the search training as such the patient's search speed was remarkably faster.

Conclusion

Hemianopia patients with optically induced blurred vision at certain level demonstrated almost the same search speed compared to age-matched participants. Visual search training could still be an effective rehabilitation tool for patients with visual field loss including hemianopia and comorbid blurring of vision.

COSCOT09

CASE STUDIES AND REVIEW ON THE PRACTICAL USE OF THREE DIMENSIONAL PRINTING IN OPHTHALMOLOGY

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Introduction

Three dimensional printing (3D printing) is not new in the field of medicine, with hundreds of case studies published on its application, ranging from medical device innovation to the attempt on 3D printed artificial cornea. In practice, other disciplines such as orthopedic and maxillofacial surgery have successfully adopted 3D printing to shorten surgery time. General ophthalmology, however, despite sharing its territory with maxillofacial surgery, is lagging behind other fields in adapting 3D printing.

Method

This paper will demonstrate how 3D printing has been used in a local ophthalmology department and with literature review will attempt to answer the following questions: What are the immediately available, and practical applications of 3D printing in the field of ophthalmology in 2022? What are the challenges in 3D printing that limit its use in ophthalmology? What is the future of 3D printing in ophthalmology?

Conclusion

We demonstrated how 3D printing has been used to produce surgical templates for an orbital reconstruction surgery in our department. In-house production of small medical devices such as a 3D printed fundus camera had enabled trainees to capture fundus photos. Further research should be focused on the discovery of a 3D printable biocompatible material. A novel 3D printing technique such as light sensitive resin stereolithography and the discovery of a better biocompatible material further expands the potential of 3D printing in ophthalmology.

COSCOT10

A RETROSPECTIVE STUDY ON THE REFRACTIVE OUTCOME OF PHACOEMULSIFICATION WITH INTRAOCULAR LENS IMPLANTATION IN HOSPITAL KUALA LUMPUR

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Background

Phacoemulsification is the most commonly performed cataract procedure worldwide. Benchmark standards set by the Royal College of Ophthalmologist dictate that 85% of eyes should be within 1D of planned target refractive outcome and 55% of patients should be within 0.5D of planned target refractive outcome.

The objective of this study is to determine the performance outcome of cataract surgery in Hospital Kuala Lumpur (HKL) to ensure that the outcomes are comparable with international standards. It is also useful to determine factors associated with the post-surgical refractive outcome among cataract patients that underwent phacoemulsification surgery in HKL for quality improvement initiatives.

Methods

This is a cross-sectional study conducted based on the National Cataract Registry (NCR) records from 1st January 2021 to 31st December 2021 by Ophthalmology Department in HKL. For description, quantitative variables were expressed as mean ± standard deviation (SD), and qualitative variables were expressed as frequency and percentage. Logistic regression analysis was carried out to determine the association between all factors and the outcome.

Results

There were significant associations between presence of ocular comorbid (OR=1.56; 95% 1.18-2.06) and presence of intra-operative complications (OR=6.73; 95% CI 1.92-23.59) with post-phacoemulsification spherical equivalence refraction that did not achieve within 0.5D of predicted value (p-value = 0.002 and 0.003 respectively).

Conclusion

Risk stratification on all patients allows surgeons to anticipate possible intraoperative complications. Pre- operative counseling is also important to ensure patients are well informed and prepared. Public health education increases awareness on cataracts as preventable blindness.

Paediatric Ophthalmology and Strabismus

COSCPO01

SURPRISE INSIDE THE CYST

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Introduction

Congenital intrascleral cyst is a rare ocular condition as most of the reported corneoscleral cysts have been described after trauma or surgery. It can be associated with scleral defect which is due to scleral developmental anomaly. We present a case of congenital scleral cyst associate with partial-thickness scleral defect.

Report

A 6 years old girl presented with a bulbar conjunctival cystic mass over left eye which noticed since birth. The lesion progressively increased in size over the years but did not involve the cornea. Bilateral vision was 6/6. On examination, left anterior segment showed a thin walled cyst on the inferior nasal of limbus, measured approximately 5mm with normal fundus examination. Otherwise, right eye examination was unremarkable.

She was then planned for excision of conjunctival cyst. Intra-operatively, the cyst wall was continued with superficial broad based scleral epithelium. After the cyst was aspirated and excised, there was a small partial thickness scleral defect with presence of uveal tissue but nor aqueous nor vitreous leak. The defect was closed by simple absorbable sutures. No other complications or recurrence noted after three months follow up.

Conclusion

Congenital intrascleral cyst should be considered in differential diagnosis of external eye cystic lesion in the paediatric age group. Early excision and repair are essential to prevent significant ocular comorbidity as the cyst might progressive enlarge and encroach upon the visual axis.

COSCPO02

ORBITAL EPIDERMOID CYST AT MEDIAL CANTHAL AREA- AN UNUSUAL LOCATION

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Introduction

Dermoid and epidermoid cysts are among the most common orbital tumors, comprising 3-9% of all orbital masses. Diagnosis usually occurs during infancy or early childhood. It is usually located laterally at the superior temporal zygomatic-frontal suture due to its tendency to form at bony fusion sites, followed by the superior nasal frontal suture –medially. Here we present a rare case of orbital epidermoid cyst at the medial canthus- an unusual location.

Report

A 4-year-old girl presented with a complaint of a swelling near the left medial canthus since 2 years old. The swelling was pea-sized initially which slowly increased in size. There was no pain, redness, or discharge. On examination, there was a localized mass near the medial canthal region measuring about 5mm. The mass was mobile, firm, and non-tender with normal overlying skin. Ophthalmic examination revealed good visual acuity and no strabismus. Computed tomography scan of the orbit showed a small hypodense lesion with rim enhancement adjacent to left medial canthus with no orbital extension. She underwent excisional biopsy of the mass under general anaesthesia. A vertical incision was carefully made 7mm medial to the medial canthus approximately to avoid damaging the lacrimal drainage system and the tumour was removed in toto. Tissue histopathological examination was reported as epidermal cyst with foreign body reaction.

Conclusion

Orbital dermoid or epidermoid cyst may present at the medial canthal area.

COSCPO03

SWEET SYNDROME MASQUERADING AS PRESEPTAL CELLULITIS

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Introduction

Sweet syndrome (acute febrile neutrophilic dermatosis) is a rare dermatological disorder accompanied by features of systemic inflammation. Variety of types of ocular inflammation have been reported. It can be idiopathic or secondary to an underlying disorder such as malignancy, autoimmune, infection or drug induced.

Report

A 5-year-old Ibanese boy with no known medical illness, presented with sudden onset of right periorbital, upper lip and right upper limb swelling on day 6 of fever. The periorbital swelling increased in size until he was unable to open his right eye. On examination, severe right periorbital, lip and upper limb swellings with painful edematous and erythematous papules and plaques were seen. The conjunctiva was white with no relative afferent pupillary defect. Other cranial nerves were normal. Full blood count revealed leukocytosis and thrombocytopenia. However, there was no evidence of acute leukemia or non-hematopoietic infiltration, infections, myelodysplastic or autoimmune disorder. He was given intravenous meropenem and teicoplanin for presumed cellulitis. Despite extensive treatment with broad spectrum antibiotics, the swellings worsened. Skin biopsy of upper limb lesion showed infiltration of neutrophils, suggestive of sweet syndrome. He was treated for idiopathic sweet syndrome and received intravenous hydrocortisone. His eyelid and skin lesions responded dramatically to steroid. Unfortunately, the patient developed massive intracranial bleeding following severe thrombocytopenia and passed away.

Conclusion

We present a case of sweet syndrome masquerading as preseptal cellulitis to raise awareness of this unusual presentation. It is an uncommon but clinically significant syndrome. The early recognition and prompt initiation of steroid is essential in decreasing morbidity.

COSCPO04

ISOLATION OF ESCHERICHIA COLI FROM THE EYE: A CASE SERIES

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Introduction

Ophthalmia neonatorum also known as conjunctivitis in newborn is the most common ocular disease of the newborn that occurs in the first 28 days of life, predominantly caused by bacterial (chlamydia, gonococcal, staphylococcal), viral (herpes simplex) or chemical(silver nitrate).

Report

We present two cases of unusual growth of Escherichia coli in the eye swab of the infants who are treated with ciprofloxacin ophthalmic drops and made full recovery in one week. Both of the sepsis evaluations were unremarkable.

Case one
A female infant born at 39 weeks gestation via normal spontaneous vaginal delivery presented at 17 days of age with both eye purulent discharge and conjunctival injection for 2 days. The infant was admitted to NICU since birth due to congenital malformation.

Case two
A female infant born at 29 weeks of gestation via emergency lower section caesarean section due to bleeding placenta previa presented on day 13 with unilateral purulent eye discharge. Upon examination, there is yellowish discharge over the left eye with palpebral soft tissue swelling.

Conclusion

This case highlights the need to emphasize on the principal of good hygiene and newborn care in attendance to prevent recurrence and the lack of routine prophylactic measures in Malaysia neonatal intensive care unit setting. It should warrant a more empiric management as Escherichia coli conjunctivitis may potentially represent a source of sepsis in the infant.

COSCPO05

UNUSUAL MIMICKER OF NEURORETINITIS: BILATERAL HYPERTENSIVE CHORIORETINOPATHY IN A CHILD WITH NEPHROPATHY – A CASE REPORT

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Introduction

Hypertensive emergency is a life-threatening condition. We described a rare case of sudden visual disturbance following malignant hypertensive retinopathy with choroidal ischaemia in a young boy with newly diagnosed nephropathy and concurrent post-streptococcal acute glomerulonephritis (AGN).

Report

A previously healthy ten-year-old boy, presented with a three-month history of intermittent headache and blurring of vision, which was worsening two days before the admission. It was associated with haematuria, abdominal pain, and vomiting. His blood pressure was 225/183mmHg. The visual acuity over the right eye was 6/18, while the left eye was 6/60. The relative afferent pupillary defect was negative with normal extraocular muscle movement. The anterior segment of both eyes was normal. Fundi showed swollen and hyperaemic optic disc with a macular star. Investigations revealed that he had leucocytosis with anaemia, deranged renal profile, raised anti-streptolysin O titre, bilateral vesicoureteric reflux with right ureterocoele and normal computed tomography scan of the brain. The working diagnoses were hypertensive emergency with nephropathy and acute post-streptococcal AGN. He was co-managed with the paediatric team and was started on three anti-hypertensives and a course of benzylpenicillin. Fluorescein angiography and indocyanine green angiography demonstrated the presence of choroidal ischaemia over both eyes. The hypertensive chorioretinopathy changes resolved within six months. The final visual acuity was 6/12, with pale optic disc and fovea atrophy.

Conclusion

The presentation of malignant hypertensive retinopathy may resemble neuroretinitis. Even though hypertensive emergency is rare in children, it still has to be considered in any presentation of optic disc swelling with macula exudates to prevent other systemic complications.

Retina

COSCRE01

A MISTAKEN IDENTITY: EXTRAFOVEAL POLYPOIDAL CHOROIDAL VASCULOPATHY MASQUERADING AS CHOROIDAL MALIGNANCY

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Introduction

Polypoidal choroidal vasculopathy (PCV) is considered as a subtype of neovascular wet age-related macular degeneration with nodular lesions or neovascular network found in the subretinal pigment epithelium space or inner choroidal vessels. It is commonly found in the macula region, sometimes in peripapillary or extramacular area. We report a case of extrafoveal PCV, mimicking malignancy in an elderly lady.

Report

A 68-year-old lady, underlying rheumatoid arthritis, was referred from another center for suspected right eye choroidal melanoma. She presented with right eye superior field painless blurring of vision for 4 days. At presentation, visual acuity for both eyes were 6/9. Anterior segment examination was unremarkable. Posterior segment examination of the right eye revealed large subretinal hemorrhage inferiorly (more than 4-disc diameter) with a bulging lesion within the hemorrhage inferotemporally. B-scan revealed no low internal reflectivity, collar stud choroidal elevation or acoustic shadowing. Optical coherence tomography (OCT) macula showed inferotemporal huge pigment epithelial detachment (PED), 7-disc diameter in size, with subretinal hyperreflective fluid (SRF). Indocyanine green angiography (ICGA) revealed focal hyperfluorescent hot spot inferiorly, suggestive of polyp. She was diagnosed with right eye extrafoveal PCV and was planned for 3 loading doses of intravitreal aflibercept injection.

Conclusion

The unusual presentation of peripheral PCV can mimic choroidal melanoma. Multimodal imaging should be employed for the right diagnosis. ICGA is the gold standard to diagnose PCV which demonstrates early nodular hyper fluorescence signifying presence of polyp. OCT is an excellent adjuvant investigation for diagnosing PCV, monitoring disease activity, and guiding treatment plan.

COSCRE02

CRYPTOCOCCAL NEOFORMANS CHORIORETINITIS

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Introduction

Existing evidence revealed substantial mortality rate for disseminated cryptococcosis. Here, we present a case of a disseminated *Cryptococcal Neoformans* infection with meningitis and ocular involvement, emphasizing the importance of prompt detection and early treatment institution.

Report

A 28-year-old gentleman, denied of high-risk behavior, suffered from right eye (RE) painless progressive blurring of vision with intermittent headache, nausea and vomiting over three weeks. Visual acuity of RE was 1/60 while left eye was 6/21. Right afferent pupillary defect was observed with reduced optic nerve function. RE fundus noted a conspicuous white-yellow elevated mass extending from optic disc nasally with surrounding vitritis and choroiditis. Bilateral abducens nerve palsy was noted. Contrasted CT brain showed no parenchymal lesion or leptomeningeal enhancement but focal enhancing thickening at posteromedial aspect of right globe noted. Lumbar puncture opening pressure was 50cmH2O. Indian ink smear of cerebrospinal fluid (CSF) revealed encapsulated yeast cells. *Cryptococcal Neoformans* was isolated from blood and CSF culture. Serological test for Human Immunodeficiency Virus was positive. Patient was promptly started on intravenous Amphotericin B and oral Flucytosine. Adjunctive intravitreal Amphotericin B was given once. Serial therapeutic lumbar punctures were performed to relieve intracranial pressure. Following treatment, patient's condition improved over several weeks. His vision recovered to 6/18 as a corollary of successful treatment and progressive resolution of chorioretinitis. Systemic antifungal was planned until initiation of HAART.

Conclusion

With sight and life at risk, disseminated cryptococcal infection with ocular involvement requires early recognition and prompt multidisciplinary effort to mitigate high morbidity and mortality of this condition.

COSCRE03

THE UNSEEN OF VACCINE

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Introduction

Vaccinations are known to be associated with inflammatory ocular adverse effects. The development of new Coronavirus 2019 (COVID-19) vaccines over the past two years has led to a myriad of ocular findings post-vaccination.

Report

A 63-year-old lady with a background of well controlled hypertension presented with 1 week history of right eye blurring of vision. The symptoms began 2 weeks after receiving her first heterologous booster dose of the mRNA COVID-19 vaccine. She denied any other preceding events, trauma or illness. On examination, her vision was 6/9 bilaterally. Although relative afferent pupillary defect was negative, her optic nerve function tests were reduced over the right eye. Dilated fundus exam revealed a Grade 4 optic disc swelling, dilated tortuous vessels with extensive dot and blot haemorrhages in all quadrants. There was no neovascularisation present. An OCT macula at presentation was unremarkable in both eyes. However, a week later intraretinal fluid was detected in the right eye and central retinal thickness was increased to 336 micrometres. She was diagnosed as a case of non-ischaemic central retinal vein occlusion with macula oedema. This was reported as an Adverse Event Following Immunisation (AEFI) of COVID-19 vaccine to the National Pharmaceutical Regulatory Agency. Over the period of 4 months, her vision slowly recovered, corresponding to a reduction in intraretinal thickness.

Conclusion

Healthcare providers need to be vigilant in monitoring patients who present with ocular symptoms post-vaccination. Missed diagnoses of CRVO may cause detrimental effect to patients and can lead to blindness.

COSCRE04

A SERIES OF UNFORTUNATE OCULAR EVENTS IN A PATIENT WITH FOLLICULAR LYMPHOMA

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Introduction

Follicular lymphoma, a slow-growing form of non-Hodgkin lymphoma, is usually considered a chronic disease which requires maintenance therapy. These agents can cause significant adverse effects.

Report

A 68-year-old diabetic gentleman with follicular lymphoma stage 4A was previously on follow-up for bilateral moderate non-proliferative diabetic retinopathy. He presented with sudden right eye pain, redness, and reduced vision for 3 days. He had completed 6 cycles of R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone) chemotherapy 2 months prior to this presentation. Right relative afferent pupillary defect present, with vision of 1/60 and left was 6/9. Right eye was injected, and cornea was hazy with intraocular pressure (IOP) of 50mmHg. There were sclerosed vessels with dot-and-blot hemorrhages in all quadrants, vitreous hemorrhage inferiorly and hard exudate at macula. Subtle neovascularization seen nasally was confirmed with fundus fluorescein angiography (FFA). FFA also showed delayed arteriovenous phase, with extensive capillary fall out 360° mid-periphery and periphery, whereas, left revealed microaneurysms and leakage temporally. Diagnosis of right neovascular glaucoma secondary to central retinal vein occlusion and left proliferative retinopathy due to vincristine was made. He was then subjected to panretinal photocoagulation and 3 monthly subcutaneous Rituximab for 2 years. Two months later, left IOP started increasing and Ahmed valve was implanted. Months later, he was admitted for cytomegalovirus retinitis and is currently on oral Valganciclovir.

Conclusion

Managing a patient with follicular lymphoma can be challenging because both the disease and treatment leads to prolonged immunocompromised state. Therefore, close follow up is essential.

COSCRE05

RECURRENT UNILATERAL VITREOUS HEMORRHAGE FROM A RETINAL ARTERIOVENOUS MALFORMATION IN A CHILD

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Introduction

To report a case of recurrent unilateral vitreous hemorrhage from a retinal arteriovenous malformation in a child.

Report

An 8-year-old girl with no underlying medical problem has been under ophthalmology clinic follow up for right eye myopia (anisometropia) and myelinated nerve fiber layer in the right eye. During routine follow up, she was noted to have organized old vitreous hemorrhage in the right eye upon fundus examination. At that time, she did not have any complaints. Examination of the left eye was unremarkable. The patient then presented to us 6 months later with sudden onset of floaters and scotoma caused by the floaters in the right eye. There was no history of trauma and no significant history to suggest infective causes. Her best corrected visual acuity in the right eye was 6/9 and left eye was 6/6. Anterior segment examination was unremarkable. Fundus examination of the right eye showed fresh vitreous hemorrhage with pre-retinal hemorrhage inferotemporally. There was a large area of myelinated nerve fiber surrounding the optic nerve and over the superotemporal and inferotemporal arcade. Telangiectatic vessel was noted superotemporally. Fundus fluorescein angiography was performed and revealed a single arteriovenous malformation superotemporally. There was no intracranial arteriovenous malformation on brain imaging. Upon follow up, her vitreous hemorrhage resolved spontaneously and no recurrence after 1 year of follow up.

Conclusion

Retinal arteriovenous malformation can be a cause in children with recurrent unilateral vitreous hemorrhage.

COSCRE06

A RARE CASE OF BILATERAL CHOROIDAL NEOVASCULARISATION IN OCULAR SYPHILIS

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Introduction

Ocular syphilis has a broad ophthalmic manifestations. Choroidal neovascularisation (CNV) is a rare disease complication in ocular syphilis.

Report

A 52-year-old man with retroviral disease and syphilis presented with left eye (LE) floaters and reduced vision for 5 days. He denied eye redness, pain or any preceding trauma. Right eye (RE) vision was 6/24 and LE was perception to light (PL). There was a relative afferent pupillary defect on LE. Anterior segments were normal except for mild cataract both eyes (BE). Fundus examination showed RE vitritis 1+, old choroiditis, pre-retinal haemorrhages and grayish macular lesion with LE vitritis 2+, hyperemic edematous disc and grayish macular lesion. Optical Coherence Tomography (OCT) of right macula revealed generalized fibrovascular pigment epithelial detachment with subretinal fluid (SRF) and LE macula showed fibrinous sub-foveal exudates with intraretinal fluid (IRF). Fundus fluorescein angiography showed active CNV BE. Patient was diagnosed as Ocular Syphilis with BE secondary CNV. He was treated with topical steroid and intravenous Penicillin 4 mega unit daily for 14 days followed by oral Prednisolone 40 milligram daily with tapering dosage for 8 weeks. OCT macula after treatment showed improvement in RE SRF and LE IRF. BE vision improved to 6/18. Further treatment with intravitreal anti-Vascular Endothelial Growth Factor (VEGF) was offered, but he refused, thus further improvement of vision cannot be achieved.

Conclusion

CNV is a rare and sight threatening complications of ocular syphilis. It may benefit from both systemic steroid and anti-VEGF as reported in previous cases.

COSCRE07

COMPLICATED RECURRENT RETINAL RE-DETACHMENT FOLLOWING SCLERAL TUNNEL FIXATED INTRAOCULAR LENS IMPLANTATION WITH YAMANE TECHNIQUE

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Introduction

Pre-existing ocular pathology and insufficient capsular support limit the choice of intraocular lens (IOL) implantation, where these ocular conditions may prerequisite dislocation of posterior chamber IOL (PCIOL). Scleral tunnel fixation of IOL (STFIOL) is an alternative technique to implantation of IOL in sulcus or anterior chamber IOL (ACIOL). However, STFIOL techniques carry a number of inherent risk factors for retinal detachment due to manipulation of intraocular lens in an aphakic, vitrectomised eye. We report a case of recurrent retinal re-detachment following SFIOL in a patient with dislocated PCIOL.

Report

A 53-year-old Malay man who had an uneventful left eye phacoemulsification and PCIOL implantation in 2011, presented in December 2021 with left eye blurring of vision for four days. Left eye vision was 2/60. Diagnosis of left eye posterior dislocation of PCIOL with secondary raised intraocular pressure (IOP) was made. He underwent 25-gauge pars plana vitrectomy, IOL explantation and implantation of SFIOL by Yamane technique. The visual acuity improved to 6/9 postoperatively. A week after surgery, he developed inferior rhegmatogenous retinal detachment (RD) due to a slit-tear at 6 o'clock and underwent pars plana vitrectomy with endolaser/ cryotherapy and heavy liquid (HL) tamponade. HL was removed 2 weeks post-operatively. Unfortunately, total bullous RD was noted 5 days after HL removal. Revision vitrectomy and retinectomy with silicone oil 1000cs tamponade was performed. The retina was flat until two months postoperatively he developed a recurrent inferior retinal detachment due to aggressive proliferative vitreoretinopathy, requiring him to further undergo scleral buckle

and silicone 5000cs tamponade. Currently the vision is 2/60, with flat retina. The STFIOL remained intact throughout the surgeries.

Conclusion

Retinal detachment after STFIOL can be challenging to manage and result in recurrent redetachment despite a range of tamponade agents used and necessitate scleral buckling

COSCRE08

A RARE PRESENTATION OF ENDOGENOUS ENDOPHTHALMITIS

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Introduction

Endogenous endophthalmitis is a relatively rare sight threatening disease, with Infective Endocarditis (IE) being the third most common cause of infection. We report an atypical presentation of endogenous endophthalmitis in an IE patient.

Report

A 61-year-old male with a background of diabetes, hypertension, and mitral valve prolapse, was referred to ophthalmology for bilateral painless reduced vision for one week. Prior to the ocular symptoms, he had four days history of fever, arthralgia, and myalgia. At the time of referral, he was being treated as IE and was receiving intravenous antibiotics. He also developed bilateral upper limb weakness. Aerobic blood culture isolated Methicillin-Sensitive Staphylococcus Aureus and Computed Tomography of the brain showed multiple septic emboli. At presentation, his best corrected visual acuity was 6/15 bilaterally. There was no sign of external eye inflammation. Anterior chamber showed 2+ cells. Fundus examination revealed bilateral moderate to severe vitritis, choroiditis and multiple areas of emboli. Intravitreal sampling was done which yielded few pus cells but no growth. The patient received intravitreal vancomycin and ceftazidime; two injections 48 hours apart. Patient's ocular condition was improved tremendously. His bilateral vision was 6/7.5 with remarkable improvement of vitritis and fundus lesions four weeks post therapy.

Conclusion

Endogenous endophthalmitis might not present as a classical presentation in patients who are receiving antibiotic treatment. Physicians should have high index of suspicion as prompt diagnosis and appropriate treatment increase the chance of visual prognosis.

COSCRE09

AN EYE WITH DOUBLE OCCLUSION

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Introduction

Combined central retinal artery occlusion (CRAO) and central retinal vein occlusion (CRVO) is an uncommon presentation of retinal vascular disease. It causes sudden visual acuity loss and is associated with poor prognosis and severe complications. We report a very rare case of combined CRAO and CRVO in a patient with no known medical illness.

Report

A 45-year-old man presented with complaint of sudden onset reduced central vision over the left eye, with best-corrected visual acuity (BCVA) of 2/60. Assessment of left eye showed tortuous and dilated retinal veins, attenuated arteries with swollen optic disc, retinal hemorrhages temporal to optic disc as well as macula edema. Fundus angiography revealed suspicious area of capillary-fall-out and inferior leakage at macula. Detailed investigation indicated hyperlipidemia and normal carotid Doppler ultrasound. The patient was subjected to 2 times injections of intravitreal ranibizumab. After 7 months, his vision improved with a BCVA of 6/9. Although the left eye central vision improved to 6/9, patient was left with a constricted visual field.

Conclusion

In short, combined CRVO and CRAO can occur in young adult who has hyperlipidemia. Hence, timely diagnosis and prompt intervention on risk factors may help to significantly restore visual function and prevent further complications.

COSCRE10

NEURORETINITIS FOLLOWING COVID-19 VACCINATION

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Introduction

Neuroretinitis is a focal inflammation of the optic nerve and peripapillary retina or macula. This case is to report a rare case of neuroretinitis following COVID vaccination.

Report

A 62-year-old man, with history of left painless blind eye secondary to endogenous endophthalmitis, presented with sudden right eye blurring of vision with redness for 3 days post second dose of COVID vaccination (Pfizer). On presentation, right eye vision was 1/60, anterior segment unremarkable, funds showed hyperemic disc with macula edema. Optical coherence tomography (OCT) macula showed multiple serous detachment with intraretinal fluid. Blood investigations and imagining ruled out infective causes. Funds fluorescence angiography (FFA) showed leaking from disc with capillary ferning. Two weeks later, patients vision improved to 6/9 without treatment initiation. Anterior segment showed mild inflammation and fundus revealed hyperemic disc with macula star. Patient was treated with topical steroids. At 8 weeks follow up, vision improved to 6/6 with resolution of optic disc swelling and subretinal fluid.

Conclusion

Since the introduction of COVID-19 vaccinations, numerous reports have commented on adverse ocular events following vaccination. Neuroretinitis is a possible adverse effect from Covid-19 vaccination. Nevertheless, it is the opinion of the authors that vaccination is a vital public health tool in the management of the COVID-19 pandemic.

COSCRE11

A CASE OF BARTONELLA HENSELAE NEURORETINITIS WITH MACULAR BRANCH RETINAL ARTERY OCCLUSION

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Introduction

Neuroretinitis and vascular occlusion are not commonly seen in ocular Bartonellosis. We report a rare case of *Bartonella henselae* Neuroretinitis with macular Branch Retinal Artery Occlusion (BRAO).

Report

A 29-year-old man with unremarkable medical history presented with progressive painless reduced vision of left eye (LE) with fever for a week duration with history of being scratch by a stray cat one month prior to presentation. He had no other symptoms. There was no neurological disturbances or lymphadenopathy. His vision was 6/6 on right eye (RE) and 6/60 on LE. There was a relative afferent pupillary defect with defective color vision, light brightness, and contrast sensitivity on LE. Fundus examinations showed presence of focal retinitis in RE with LE significant disc and peripapillary edema, preretinal hemorrhages, macula star and pale papillomacular bundle. Optical Coherence Tomography of macula showed LE optic disc (OD) swelling with subfoveal fluid. Fundus fluorescein angiography showed delay in left macula perfusion. Uveitis work up was normal with elevated Bartonella *he*nselae IgG titer (1:8129). Patient was diagnosed as LE vaso-occlusive neuroretinitis secondary to cat scratch disease and treated with oral Doxycycline 100 miligram twice daily, oral Rifampicin 300 miligram twice daily and oral Prednisolone 60 milligram daily and tapering dose for 6 weeks. After completion of treatment RE retinitis resolved and LE OD swelling improved with resolving macula star. Vision on both eyes remain the same.

Conclusion

Bartonella henselae neuroretinitis typically follows a benign and self-limited course, but significant visual complications can occur permanently when it involves BRAO.

COSCRE12

EALES DISEASE WITH OVERLAPPING DISEASE COURSE: A MULTIMODAL TREATMENT

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Introduction

Eales disease is an idiopathic inflammatory venous occlusive disease that primarily affects the peripheral retina of young adults. Retinal changes include the three overlapping stages of perivascular phlebitis, peripheral nonperfusion and retinal neovascularization.

Report

A 26-year-old Sabah indigenous man presented with 4 months history of blurred vision associated with floaters. Best corrected visual acuity (BCVA) then was 6/15 OD, 6/7.5 OS. Dilated right fundus examination revealed fibrovascular membrane causing localized tractional retinal detachment (TRD) with pre-retinal hemorrhages and vitreous haemorrhage (VH). In the left eye, the inferotemporal vein was dilated with pre-retinal hemorrhages and cotton wool spot. Blood investigations were normal. Mantoux was 14mm. Fundus fluorescein angiography was performed to differentiate the various stages of Eales disease. The patient was given right eye full panretinal photocoagulation (PRP) and left eye sectoral PRP. No Anti-Tuberculosis therapy was given. The Right eye developed dense inferior VH while receiving PRP. The vision dropped to counting fingers. Vitrectomy was performed on the right eye. Intravitreal Aflibercept was given 1 week prior to the operation. The patient returned 6 months later with quiescent Eales disease and BCVA of 6/10 OD, 6/6 OS.

Conclusion

Patients with Eales Disease often require more than 1 treatment modality due to its overlapping disease course and bilaterality. Laser photocoagulation is used in ischemic or proliferative stage. Intravitreal anti-VEGF is useful when there is inadequate visualization for laser photocoagulation to halt the proliferative stage. Vitrectomy is required when there is a non-resolving or recurrent VH that covers the central vision.

COSCRE13

SUCCESSFUL PNEUMATIC RETINOPEXY FOR INFERIOR RHEGMATOGENOUS DETACHMENT

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Introduction

Rhegmatogenous retinal detachment secondary to inferior retinal break generally carries a higher risk of recurrent detachment. It is usually treated by scleral buckling or pars plana vitrectomy, or a combination of both methods. We report a case of an inferior retinal break with rhegmatogenous retinal detachment successfully treated with pneumatic retinopexy in a low-resource setting.

Report

A 59-year-old lady, with high myopia presented with acute onset right eye blurring of vision for 2 days. The vision in the right eye was counting fingers. Fundoscopy showed a bullous inferior rhegmatogenous retinal detachment from 5 to 11 o'clock with macula-off. There was an inferotemporal retinal hole. She was referred to a visiting vitreoretinal surgeon and planned for surgery in a week. While waiting for the surgery a pneumatic retinopexy was performed. The patient maintained a right lateral recumbent posture with her head tilting downward. The retina was re-attached, and the barricade laser was performed. The vision improved to 6/12. On follow-up at 2-month, the vision remained good.

Conclusion

Pneumatic retinopexy with good post-procedural positioning can be an option of treatment for inferior rhegmatogenous retinal detachment secondary to inferior retinal break in an eye centre with a lack of vitreoretinal expertise.

COSCRE14

THE VARIOUS OCULAR MANIFESTATIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Introduction

Systemic lupus erythematosus (SLE) is a chronic systemic autoimmune disorder with various systemic and ocular clinical manifestations. Central retinal vein and artery occlusion, choroidopathy and occlusive vasculitis are among the significant and clinically relevant manifestation of ocular related in patients with SLE although they do not commonly occur.

Report

We present a case series of three SLE patients from different races and gender who develop ocular related clinical features of SLE as mentioned above during the course of their systemic disease. The clinical outcome of each patient was different which affecting their vision in bilateral eyes with some of patient had better visual recovery while others had permanent poor vision.

Conclusion

The various clinical outcome of patient with systemic lupus erythemathosus did not significantly related to patient's age, gender or race.

COSCRE15

COMBINED TEMPORARY KERATOPROSTHETICS AND VITRECTOMY SURGERY FOR A CASE OF ENDOPHTHALMITIS

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Introduction

Infective endophthalmitis following a cataract surgery, could lead to a devastating outcome. According to the Malaysian CPG guidelines, incidence rate of endophthalmitis post cataract surgery is 0.015%. Managing patients with endophthalmitis and performing vitrectomy is an arduous task due to poor media clarity and corneal involvement. We aim to describe a case of endophthalmitis with poor cornea clarity that required vitrectomy.

Report

Reporting a case of combined vitrectomy and prosthesis keratoplasty performed in a patient with endophthalmitis post cataract surgery. Patient 69year old lady, underlying hypertension presented after 2 days with light projection vision and clinical signs suggestive of endophthalmitis. Patient underwent core vitrectomy, intraocular lens explantation, intravitreal injection of broad-spectrum antibiotics, and capsulotomy. Despite multiple intravitreal antibiotics, her cornea became hazier, with persistent hypopyon and fibrin. B-scan showed loculations with retinal detachment. She underwent a second surgery where a temporary keratoprosthetics was needed for better visualization of posterior segment, in which peripheral vitrectomy, membrane peeling, silicone oil injection with reimplantation of the cornea was performed for complex retinal detachment with adherent membranes. Post-surgery, infection was contained, and the cornea did not show signs of rejection or infection. Vision improved to hand movement.

Conclusion

Combined temporary keratoplasty with vitrectomy in cases of reduced cornea clarity is beneficial to facilitate the viewing for vitrectomy surgery. Visual outcome is guarded in view of damage to the ocular structure due to infection.

COSCRE16

VARIOUS MANIFESTATIONS OF OCULAR TB

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Introduction

Ocular tuberculosis is an extrapulmonary mycobacterial infection with variable manifestations. Tuberculosis is thought to affect the lungs in 80% of patients, with the remaining 20% being affected in other organs, such as the eye. It is imperative for physicians to consider this diagnosis in their differential, as ocular tuberculosis can present itself as a myriad of ocular conditions.

Report

Here, we describe 2 cases of various Ocular TB presentation. The first is a healthy young Malay female, aged 27 years. Presented with right eye blurring of vision, who was noted to have vitreous hemorrhage and retinal detachment. Tuberculin skin sensitive test (*Mantoux* screening test) was positive in this patient. Diagnosed with Eales' Disease. Therapeutic approach included antituberculosis therapy, Anti-vascular endothelial grow factor (*VEGF*) intravitreal injections and Pars plana vitrectomy surgery.

The second patient is a healthy Malay male, aged 54 years. Presented with right eye blurring of vision, was noted to have active multiple choroiditis with vitritis. Tuberculin skin sensitive test (*Mantoux* screening test) was positive in this patient. Diagnosed with TB associated choroiditis, therapeutic approach included antituberculosis therapy and topical steroid eyedrops.

Conclusion

Ocular TB can manifest as a variety of ocular conditions. Early diagnosis and appropriate therapeutic approach are both essential to accomplish disease control and reduce ophthalmologic complications.

COSCRE17

ACUTE POST VITRECTOMY ENDOPHTHALMITIS IN A PEMPHIGOID PATIENT

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Introduction

Acute post-operative endophthalmitis following vitrectomy is rare at 0.05%. However, it is typically more rapid and visually devastating than following other ocular surgeries due to direct inoculation of organisms into vitreous cavity. We aim to report a catastrophic sequelae of an acute post vitrectomy endophthalmitis in a pemphigoid patient following an uneventful epiretinal membrane (ERM) peel surgery.

Report

A 73-year-old non-diabetic lady with underlying Pemphigus Vulgaris Foliaceous underwent 27G vitrectomy for ERM. Pre-operatively, she had erythematous patches, dry scaly lesions on the maxilla and frontal area. She was not primed with oral corticosteroid given that the lesion was not infective and already on Azathioprine. At one week follow up, she complained of painless reduced vision to hand motions (HM). Anterior segment revealed chemotic, hyperaemic conjunctiva, oedematous cornea, hypopyon and dense fibrin. B-scan showed dense vitritis with thick membrane attached to retina. A diagnosis of exogenous infectious endophthalmitis post vitrectomy was made. Intravitreal antibiotic was given. Vitreous tap yielded straw colour turbid fluid. Emergency vitrectomy, lensectomy, silicone oil tamponade, and intravitreal antibiotics was performed. Intra-operatively, the vitreous cavity was filled with pus and thick adherent membrane present on the optic disc and retina. *Staphylococcus aureus* was isolated from the intra-operative sample. Two months later, the infection and inflammation are well controlled. However, her visual acuity remains at HM.

Conclusion

Despite emergency management of endophthalmitis after vitrectomy, the visual outcome is grim. Prevention with oral prophylactic antibiotics should be considered among patients with pemphigus or any underlying skin condition who are on immunosuppressive agent.

COSCRE18

MASQUERADING IN A CASE OF HEMIRETINAL VEIN OCCLUSION

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Introduction

Retinal vein occlusions is the second most common retinal vascular disorder after diabetic retinopathy. The presentation of these cases may vary from peripheral blurring of vision to acute total vision loss.

Report

We describe a case of hemiretinal vein occlusion in a 60-year-old male who presented to us with sudden onset blurring of vision over the left eye for 2 weeks duration, associated with redness, discomfort and floaters. On further history, he lost 3kg in the past month. On examination of his left eye, vision was light perception with positive RAPD and significant cataract, posterior synechiae and anterior chamber cells. As the fundus view was hazy, B scan was done which showed vitreous opacity. He was initially treated as ocular toxoplasmosis and given a course of oral Azithromycin and prednisolone. However, his condition did not improve and pars plana vitrectomy was done with vitreous biopsy sample taken. Vitreous biopsy result was suspicious for malignancy with sections from cell block showing erythrocytes admixed with pigment laden cells. Fundus fluorescein angiography done showed delayed venous filling time of the superior temporal vein with areas of capillary fall out, suggestive of hemiretinal vein occlusion. There was no improvement in vision post operatively and there was no recurrence at 6 months of follow up.

Conclusion

Despite initial clinical presentation mimicry of masquerade syndrome, further work up and investigation unexpectedly revealed a case of hemiretinal vein occlusion.

COSCRE19

OPHTHALMIC MANIFESTATION AS THE INITIAL PRESENTATION OF BLOOD DYSCRASIA

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Introduction

To report a case of anemic retinopathy that manifest as ocular infiltrative changes mimicking masquerade syndrome.

Report

43 years old Malay Female with underlying Hypertension presented with sudden onset left eye blurring of vision for 5 days. Her visual acuity was 6/60 with pin hole 6/24 OS and 6/18 OD. Upon examination of the left eye, anterior segment was normal. Left fundus examination revealed diffuse flame shaped hemorrhage affecting peripapillary area, with tortuous vessels and presence of cotton wool spot. Optic disc was swollen with blurred margin, and surprisingly there were few Roth spot seen on posterior pole. There was evidence of macula edema over the left eye captured by OCT macula. Right eye examination was unremarkable. Upon further history she denied any significant systemic history. Blood investigation revealed low hemoglobin level (7.2 mg/dl). Her Full blood picture reported as Hypochromic microcytic anemic with RBC morphology changes of iron defiency. She also had impaired kidney function with creatinine level was 224 with eGFR level of 22 mL/min/1.73m2.Anemic workout was taken and subsequently she was started on oral haematinics. Upon review after 6 weeks, her vision was improved to 6/6 with complete resolution of the sign and symptoms

Conclusion

The ocular findings of Roth spots, retinal vein tortuosity and dilatation with cotton wool spots and retinal hemorrhage mimic intraocular infiltrative changes. A clinician must have a high index of suspicion particularly when encountered this kind of cases, and relevant systemic work up could aid in the proper diagnosis.

COSCRE20

HYPERTENSIVE CHOROIDOPATHY MIMICKING CENTRAL SEROUS CHORIORETINOPATHY (CSCR)

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Introduction

Hypertensive disorder of pregnancy (HDP) affects almost 1 in 10 women, which is one of the risk factors for CSCR. Hypertensive choroidopathy were observed more commonly in younger patients with acute increases in blood pressure and is associated with poor prognosis in the untreated hypertensive patient. We report a case of hypertensive choroidopathy presenting as central serous chorioretinopathy in a post-partum lady.

Report

A 30-year-old lady, para 2, post Caesarean section for severe pre-eclampsia, presented with right eye central scotoma a day post-delivery. At presentation, visual acuity for both eyes were 6/9. Anterior segment examination was unremarkable. Posterior segment examination revealed dome shape elevation of the macula over the right eye and Elschnig's pearls around the optic nerve in both eyes. Optical Coherence Tomography (OCT) macula showed subretinal fluid (SRF) involving the macula mimicking CSCR. There was presence of SRF at peripapillary region bilaterally in OCT. Fundus autofluorescence (FAF) revealed multiple rings of hyperautofluorescence at peripapillary region, suggestive of Elschnig's pearls. Follow up showed complete and spontaneous resolution of the Elschnig's pearls and subretinal fluid after optimization of blood pressure.

Conclusion

Hypertension is a risk factor for CSCR which is frequently seen as an isolated condition. Choroidal hypoperfusion in the acute phase of hypertensive chorioretinopathy leads to serous retinal detachment mimicking central serous chorioretinopathy. Multimodal imaging such as fundus photography, OCT and FAF may guide to differentiate the diagnosis and follow up monitoring.

COSCRE21

ENDOGENOUS ENDOPHTHALMITIS FOLLOWING POST COVID-19 VACCINATION IN PATIENT WITH INVASIVE KLEBSIELLA SYNDROME

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Introduction

Endogenous endophthalmitis (EE) is severe eye infection that spread via bloodstream. Mostly, EE occurs in immune-compromised patients. Klebsiella pneumoniae is being increasingly recognized as aggressive causative organism of EE.

Report

We report a case of a middle-aged woman who was first diagnosed with diabetes mellitus during admission to ward for tubo-ovarian abscess, 4 months ago. Laparoscopic drainage with right salphingectomy was done. She presented to eye clinic with complaints of right eye pain, redness and progressive reduced vision for 1 week. She has just received her second dose of Pfizer Covid-19 vaccination 1 day before her presentation. Ocular examination revealed her right eye vision was hand movement with severe anterior chamber reaction and vitritis. Ocular B-scan ultrasonography showed choroidal abscess with vitritis. There was mild scleral thickening with enhancement seen at the right eye on computed tomography of the orbit. She was diagnosed and treated with EE secondary to invasive *Klebsiella* syndrome based on the urine culture with the presence of persistent tubo-ovarian abscess, right supracapsular renal abscess and left pyelonephritis with ureteritis found on the imaging studies. Multiple intravitreal antibiotic injections were given. She was referred to tertiary center, and right eye pars-planar vitrectomy, lensectomy, subretinal abscess drainage, intravitreal antibiotic and silicon oil tamponade done by vitreo-retinal team. Intravenous antibiotic was completed for 6 weeks according to the culture's sensitivities. However, her visual function was not restored.

Conclusion

Optimal treatment of systemic infection is important in patient with poor comorbidity control to prevent spreading of the infection.

COSCRE22

BILATERAL VENOUS STASIS RETINOPATHY COMPLICATING BILATERAL CAVERNOUS CAROTID FISTULA

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Introduction

We present a rare case of bilateral central retinal vein occlusion (CRVO) manifesting as indirect caroticocavernous fistula (CCF).

Report

A 63-year-old lady with hypertension presented with a sudden onset of bilateral eye painful blurring of vision and redness for two weeks. The patient was initially treated as conjunctivitis at a primary care centre. There was intermittent whooshing sound heard over the left ear.

On examination, visual acuity was 6/60 in the right eye (RE) and counting finger 1ft in the left eye (LE). Both pupils were sluggish and intraocular pressure was 28mmHg for RE and 30mmHg for LE. Anterior segment examination revealed, bilateral engorged episcleral vessels, rubeosis iridis and mild cataract. No ocular bruit was heard. There was right proptosis and partial right occulomotor nerve palsy with limitation upon elevation. Fundus examination showed bilateral dilated and tortuous vessels with extensive intraretinal hemorrhages. B-scan ultrasonography revealed dilated bilateral superior ophthalmic veins.

Bilateral CCF was suspected, and computed tomography angiography confirmed the diagnosis. Digital subtraction angiography showed bilateral indirect CCF (type D). The patient recovered after undergoing successful endovascular embolization of bilateral CCF.

Conclusion

This is a rare case of a bilateral CCF complicated with bilateral CRVO. A high index of suspicion in patients presenting with atypical red eye is very crucial for timely diagnosis and management of CCF.

COSCRE23

DOUBLE THE TROUBLE

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Introduction

Retinal vein occlusion is common but rarely occurs in both eyes. We report a case series of bilateral central retinal vein occlusion (RVO) and bilateral macular branch RVO with its' presenting features and management.

Report

First case described 42-year-old gentlemen, a smoker who defaulted diabetes mellitus treatment, presented with both eyes blurring of vision for one month. His right eye (RE) vision was 6/60 and left eye (LE) 1/60. Both eyes fundus showed extensive flamed shape and blot hemorrhages with optic disc hyperemia, macular oedema and neovascularization. Diagnosis of bilateral ischemic central retinal vein occlusion with maculopathy was made. Second case reported a 54-year-old lady with no known comorbid, presented with RE blurring of vision for six months, followed by LE reduced vision for one month. Vision for RE was 6/18 and LE was 6/9. Her RE fundus revealed macular oedema with presence of collateral vessels near infero-temporal arcade with hard exudates over the macula, while LE showed localized flamed shape hemorrhage at supero-temporal macula with oedema. She was diagnosed with bilateral macular branch RVO with maculopathy. Both patients showed deranged fasting lipid profile, with low density lipoprotein more than 4mmol/L and deranged glycemic index ranged 7.4-10.5mmol/L. Macular edema was evidence in both cases with optical coherence tomography (OCT). They were referred to medical retina team for further management.

Conclusion

Bilateral RVO is not uncommon if systemic comorbid is poorly optimized. Here, we highlight lipoprotein as a useful marker for early detection of individual predisposed to RVO, minimizing these ocular complications.

COSCRE24

CASE SERIES: SPONTANEOUS SUBRETINAL FLUID RESORPTION IN DETACHED TAMPONADED RETINA

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Introduction

Re-detached retinae under tamponade is a complication of retinal reattachment surgery. However not every case requires a repeated surgery. Spontaneous retinal reattachments are uncommon. Here we report 2 cases of spontaneous retinal reattachment under tamponade.

Report

Case 1 is a 70-year-old pseudophakic gentleman with an inferior detachment and has undergone two retinal reattachment surgery in another centre before presenting to us. He had undergone vitrectomy with silicone oil tamponade 2 months prior to this. Vitrectomy with oil removal, encircling band and silicone oil re-tamponade was performed. Post operatively there was a small area of detachment at inferotemporal aspect involving 1 clock hour. After performing face down positioning for 3 weeks the detached area was flat.

Case 2 is a 47-year-old phakic gentleman with a large superior retinal tear for which pneumatic cryoretinopexy was done presented with a macula off retinal detachment and vitreous haemorrhage one month after the procedure. Ten days after his first surgery, phacoemulsification, vitrectomy and PVR membrane peel he presented with a second detachment that was managed with insertion of encircling band, PVR peel and reinsertion of silicone oil tamponade. One week after the second surgery inferior shallow detachment was noted and patient was then advised for face down positioning. By 1 month post reattachment surgery his retina was flat.

Conclusion

Spontaneous reattachment of detached retina under tamponade are very uncommon but may occur. This case series illustrate good examples of such occurrences, with photographic and OCT images.

Uveitis

COSCUV01

A RARE CASE OF BILATERAL CYTOMEGALOVIRUS PANUVEITIS IN AN IMMUNOCOMPETENT INDIVIDUAL

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Introduction

Cytomegalovirus (CMV) belongs to the herpesviridae family and 40-100% of world population are seropositive by the 4th decade of life.

Report

A 62-year-old lady with no comorbidities presented with left eye blurred vision for 5 months, gradual in onset and progressively worsening. She did not seek for medical attention until her right eye had similar symptoms associated with floaters one week prior to her presentation. There was no photophobia, flashes of light, eye redness or pain. On examination, her vision was hand movement OD and no perception to light OS. Both pupils were fixed and not reactive to light. Anterior segment examination showed both eye anterior uveitis, evidenced by keratic precipitates and anterior chamber cells. There was rubeosis iridis OD and seclusio pupillae OS. Fundus revealed confluent areas of hemorrhagic retinitis and vitritis OD. However, there was no fundus view OS and B-scan ultrasound showed dense vitritis and retinal detachment. Her blood investigations were unremarkable and viral screening was non-reactive. Aqueous sample was sent for viral polymerase chain reaction (PCR) and surprisingly, CMV DNA was detected. PCR for both herpes simplex virus and varicella zoster virus were negative. She was treated for bilateral CMV panuveitis with severe posterior involvement and started on intravenous ganciclovir, however she refused intravitreal ganciclovir. Fortunately, improvement of retinitis and vitritis were noted with systemic treatment.

Conclusion

Although ocular CMV infection is predominant among immunocompromised patients, it may present in immunocompetent individuals and as bilateral disease. Early commencement of antivirals can prevent sight threatening complications of CMV uveitis.

COSCUV02

THE OPHTHALMIC AND PSYCHOSOCIAL CHALLENGES IN MANAGING OCULAR SYPHILIS – A CASE REPORT

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Introduction

The incidence of ocular syphilis is increasing. There are various challenges with managing ocular syphilis. Limited literature is available in describing these issues. Thus, we report a case of bilateral ocular syphilis, highlighting the ophthalmic and psychosocial challenges in managing such case.

Report

A 32-year-old gentleman with no known comorbidity, presented with a two-month history of worsening, persistent and painless bilateral blurred vision. This was his first presentation of such symptom - no history of ocular trauma and no other systemic symptoms. He initially denied any risk behaviours. General physical examination was unremarkable. Ocular examination revealed, bilateral eye panuveitis with left eye optic neuritis. Investigations revealed a normal full blood count, liver and renal function test. He was also tested negative for tuberculosis (TB), toxoplasmosis, connective tissue disorders, human immuno-deficiency virus (HIV), Hepatitis C and Hepatitis B. However, his rapid plasma reagin (RPR) test was positive with 1:128 titre. Patient was initially in denial and refused for further confirmatory test out of fear. However, he later consented for a Treponema Pallidum Hemagglutination Assay (TPHA) test – which was reactive. The diagnosis of ocular syphilis was made, and patient was treated with 4 MU of intravenous benzylpenicillin 4 hourly for 14 days. A complete resolution of symptoms and signs noted at completion.

Conclusion

The non-specific manifestations require clinicians to have high index of suspicion for ocular syphilis in young patients with inflammatory eye findings. Psychosocial impact further complicates the management. Therefore, a better understanding of these issues will improve patient outcome.

COSCUV03

ELECTRONIC CIGARETTE SMOKING INDUCED PANUVEITIS

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Introduction

Tobacco cigarettes and its contents are known to be associated with inflammatory conditions including uveitis. The rise of electronic cigarette smoking as a healthier option over the past decade has unfortunately led to the discovery of many of its adverse effects toward ocular health. These include disruption in tear film, choroidal blood flow and ocular saccadic rhythms.

Report

A 41-year-old gentleman with no known comorbid presented with a two-day history of sudden onset blurring of vision over the left eye. He denied any associated symptoms such as pain, redness, or photophobia. He was otherwise well, with no trauma or prodromal illness prior to this. Upon further questioning, there was a significant history of vaping electronic cigarettes daily.

On initial examination vision was 6/9 in both eyes. Presence of left eye anterior chamber inflammation of cells 2+ was detected with spill over to the anterior vitreous. The left eye also had central subretinal fluid with no changes of retinitis or vasculitis. The right eye was not inflamed but an OCT showed presence of scattered pigment epithelial detachment (PED).

He was treated as left eye moderate anterior uveitis and exudative retina with topical steroids whilst awaiting investigation results. He was advised to stop vaping. On his one week follow up appointment, the cells had resolved and subretinal fluid reduced. The patient's blood pressure remained normal throughout.

Conclusion

Ophthalmology service providers should play a proactive role in educating patients about the dangers of smoking electronic cigarettes particularly to ocular health and vision.

COSCUV04

A RARE CASE OF PRIMARY VITREORETINAL LYMPHOMA (PVRL)

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Introduction

Primary Vitreoretinal Lymphoma (PVRL) is a rare ocular disease, and we are reporting a case of bilateral eyes (BE) PVRL masquerading as chronic uveitis.

Report

A 60-year-old gentleman presented with BE intermediate uveitis in 2019 and was treated as BE ocular toxoplasmosis. He then defaulted follow up. In 2021, he presented again with worsening painless blurred vision. BE visual acuity was counting finger at 1 foot. Ocular examination revealed BE chronic anterior uveitis with vitritis and vitreous hemorrhage with no fundus view. B-scans showed BE flat retina. Systemic examination was unremarkable. Blood investigations for infective screening and tumour markers were normal. Magnetic resonance imaging (MRI) of brain and orbits revealed a hypointense lesion over his right frontal lobe. He underwent BE pars planar vitrectomy, lens removal (aphakia) and vitreous biopsy in which BE vitreous cytology showed diffuse large B cell lymphoma (non-GCB type). The patient was also co-managed with hematology team as having BE PVRL secondary to primary central nervous system lymphoma. Chemotherapy was initiated for one cycle but wasn't tolerated. Patient opted to default treatment. Secondary intraocular lens implantation was performed in BE. His vision improved respectively to right eye 6/15 PH 6/7.5 and 6/18 PH 6/15 left eye.

Conclusion

PVRL diagnosis requires a high level of suspicion supported with a good cytology sampling for diagnosis especially in atypical presentation. As it's a life threatening, close monitoring via MRI brain surveillance, completion of chemotherapy and regular follow ups are essential for treatment and a favorable outcome.

COSCUV05

GOOD VISUAL OUTCOME IN A PRESUMED ENDOGENOUS CANDIDA ENDOPHTHALMITIS PATIENT TREATED WITH INTRAVITREAL AND SYSTEMIC AMPHOTERICIN B

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Introduction

Endogenous fungal endophthalmitis may present as a painless blurring of vision. Risk factors include neutropenia, history of cancer and recent history of septicaemia. We report a case of presumed fungal endophthalmitis in an immunocompromised patient who responded with intravitreal and systemic antifungal and antibiotics.

Report

A 45-year-old lady with metastatic endometrial cancer presented with a one-week history of painless, gradual onset, unilateral central scotoma and eye redness. The best corrected vision was 6/36. On examination, a fluffy yellowish lesion measuring 2-disc diameter was visible arising from the macula into the vitreous. Anterior to it, 3 smaller lesions each about half disc diameter arise and extend into the vitreous. The patient was treated with a single dose of intravitreal Amphotericin B of 5 microgram and systemic Amphotericin B 1mg/Kg OD, and topical Gutt Amphotericin B 0.15%. The patient was also covered with systemic, intravitreal antibiotics. The vision had dropped immediately after intravitreal injection with increased intraocular inflammation. However, the vision then improved and stabilised to 6/36 with reduction in inflammation and smaller lesion over a period of 3 months.

Conclusion

Clinically diagnosed fungal endophthalmitis can be treated promptly and empirically to avoid sight-threatening complications. Tissue cultures and blood cultures may be negative, and patients have to be followed up regularly as other differentials may include a bacterial cause or a neoplastic origin.

COSCUV06

OCULAR TUBERCULOSIS: A CASE SERIES

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Introduction

Tuberculosis is a disease caused by *Mycobacterium tuberculosis* that can affect the eyes. Ocular tuberculosis can mimic many forms of ocular diseases.

Report

We present 3 cases of healthy men with unilateral ocular Tuberculosis with different clinical presentations which were intermediate uveitis, serpiginous choroidopathy and occlusive vasculitis. All patients did not have symptoms of pulmonary tuberculosis. All had positive Mantoux test ranging from 17mm to 30mm with normal chest X-rays. All responded well with anti-tuberculosis regime and 2 patients required additional tapering oral steroid.

Case 1 aged 51, presented with eye redness and blurred vision. Examination showed visual acuity (VA) of 6/24 with dense vitritis. His VA improved to 6/9 after 9 months with no recurrence.

Case 2 was a 39-year-old Bangladeshi, who presented with central scotoma. Examination revealed VA of 6/24 with yellowish plaque-like infiltrate at his macula. OCT macula showed retinal pigment epithelium irregularities with minimal subretinal fluid. His VA improved to 6/9 with a fading macular lesion after 3 months of treatment.

Case 3 aged 30 with history of tuberculosis contact, presented with floaters. Examination showed VA of 6/9, vitritis 1+, retinal haemorrhages, vasculitis and multifocal choroiditis at inferior peripheral retina. Sectoral panretinal photocoagulation was performed. Four months after treatment, the vitritis, vasculitis and choroiditis resolved.

Conclusion

It is a challenge to diagnose ocular Tuberculosis because of the variable clinical manifestations and difficulty in getting samples for positive culture yield. The diagnosis is mainly presumptive. Early diagnosis and treatment render favourable recovery with good visual prognosis.

COSCUV07

BILATERAL ANTERIOR UVEITIS IN SMEAR NEGATIVE TUBERCULOSIS

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Introduction

Panuveitis and posterior uveitis are the common forms of clinical presentation of presumed tuberculous uveitis. We want to report a case of bilateral anterior uveitis in a smear negative tuberculosis.

Result

A 56-year-old healthy lady presented with bilateral eye redness for 2 weeks. She had a past history of chronic cough for 1 month with intermittent night sweats and was hospitalized for community acquired pneumonia. Her sputum tuberculosis (TB) was negative, Mantoux was 13 mm and blood culture grew gram positive cocci. Her visual acuity (VA) was 6/6 over bilateral eyes. Both eyes examination showed injected conjunctiva, corneal mutton fat keratic precipitates (KPs) inferiorly with iris pigment on lens. The posterior segments were unremarkable. She was started on topical steroid and cyclogyl eye drops. However, after 2 weeks of treatment, no improvement was seen. She was then treated empirically with oral acyclovir for 1 week. Subsequent clinic review showed worsening VA to 6/36. Bilateral eye conjunctiva was injected, cornea full with mutton fat KPs, anterior chamber cells activity 4+, streak of hypopyon and posterior synechiae present. She was diagnosed as presumed ocular TB after consulting the medical retina team. Anti-tuberculosis (Akurit 4) was commenced with intense steroid eye drops. Remarkably, her VA improved to 6/9 with resolved eye symptoms.

Conclusion

The diagnosis of ocular TB is often presumed in the presence of strong history and clinical finding as ocular TB can involve any part of the eye and can occur with or without evidence of pulmonary or extrapulmonary TB disease.

COSCUV08

MULTIPLE EVANESCENT WHITE DOT SYNDROME. A CASE REPORT OF WHITE DOTS IN THE EYE

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Introduction

We aim to report the findings for a rare case of Multiple Evanescent White Dot Syndrome (MEWDS) post COVID19 infection with successful treatment with oral corticosteroids and resolution of symptoms.

Report

We examine a young female with complaints of painless loss of vision her right eye for 1 week, photopsia and central scotomata. Patient has recently recovered from a COVID19 Category 1 infection 3 weeks prior, on examination, visual acuity over the right and left eye was 6/24 and 6/9 respectively. Her visual field examination revealed an enlarged blind spot. With fundus findings of mild vitritis, multiple whitish pale-yellow lesions scattered over her retina and a hyperemic optic disc. Fundus autofluorescence revealed a multiple hypo-autofluorescent areas concentric around the optic disc extending towards peripheral retina. Fundus fluorescein angiography shows multiple wreath-like hyperfluorescent lesions. She was treated with oral corticosteroids and symptoms resolved after 1 week of treatment.

Conclusion

White dot syndromes are a diagnostic challenge. Being rare in nature, clinicians face a tremendous obstacle in fully uncovering the etiology of this elusive syndrome. Clinicians must ensure in-depth histories are taken from patients to adequately diagnose and treat them. The importance of examination modalities including basic fundus exam, optical coherence tomography, and fluorescein angiography and can support and confirm the diagnosis of MEWDS. Current treatments are mainly

supportive, however some consideration for more aggressive treatment in patients with optic nerve involvements. Close monitoring for further exacerbations or new onset of visual symptoms should also be ensured.

COSCUV09

BILATERAL PAN UVEITIS IN ULCERATIVE COLITIS: A VOGT-KOYANAGI-HARADA DISEASE (VKHD) MIMICKER

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Introduction

Vogt-Koyanagi-Harada Disease (VKHD) is characterised by bilateral eye presentation, absence of previous ocular trauma or surgery with no other clinical or laboratory evidence suggesting other diagnosis. Hereby we report a case of bilateral pan uveitis which mimic a VKHD presentation in a biopsy confirmed ulcerative colitis patient.

Report

A 50-year-old woman with underlying ulcerative colitis on immunomodulatory therapy was presented to us with two weeks history of bilateral eye blurry vision that associated with eye redness, floaters, and headache. There was no vitiligo, poliosis, hearing impairment or tinnitus noted. Upon presentation, right eye visual acuity was 6/24 (pinhole) and left eye visual acuity was 6/120 (pinhole). Examination revealed bilateral anterior chamber inflammation with swollen optic disc and multifocal exudative retinal detachment. Optical coherence tomography (OCT) macula of both eyes showed undulation of retinal pigment epithelium (RPE) with multiple areas of multifocal exudative retinal detachment. Fundus Fluorescein Angiography (FFA) showed a hot disc with multiple pinpoint leakage (starry sky patterns). Intravenous Methylprednisolone was given for three days followed by tapering dose of oral prednisolone. 7 weeks post treatment, right eye visual acuity improved to 6/9 (pinhole) while left eye visual acuity improved to 6/12 (pinhole). Bilateral anterior chamber inflammation was reduced, both optic discs were less swollen and multiple exudative retinal detachment were resolved.

Conclusion

VKHD like bilateral pan uveitis can be an ocular manifestation of ulcerative colitis.

COSCUV10

SUCCESSFUL TREATMENT OF A SUBRETINAL ABSCESS SECONDARY TO EXOGENOUS ENDOPHTHALMITIS

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Introduction

We aim to report the findings for a case of subretinal abscess secondary to exogenous endophthalmitis with successful treatment using intravitreal antibiotics

Report

We examine a middle-aged female with underlying history of right central retinal vein occlusion receiving multiple sessions of intravitreal anti vascular endothelial growth factors. She presented 3 weeks post injection with complaints of worsening blurring of vision. On initial examination her vision on right and left eye was hand movement, and 6/9 respectively. Slit lamp examination revealed marked anterior chamber activity and dense vitritis. She was treated as exogenous endophthalmitis and treated with 2 sessions of intravitreal antibiotics, however she clinically deteriorated, with vision worsening to perception of light. Patient then underwent trans pars plana vitrectomy and vitreous biopsy. Intraoperative findings include an inferior exudative retinal detachment from 3-8 clock hours, vasculitic changes, and a yellowish subretinal lesion in the temporal quadrant. She was started on oral ciprofloxacin for 2 weeks and administered with 9 sessions of intravitreal antibiotics over the course of 8 weeks. Her condition gradually improved with resolution of the subretinal abscess.

Conclusion

Establishing the diagnosis ensured an expeditious resolution of the abscess. The diagnostic approach of a high index of suspicion coupled with directed treatment is required when dealing with subretinal inflammatory complexes. The presentation of the disease may commonly be overlooked or diagnosed late due to its various natures of presentation. Hence, vigilant clinical suspicion and aggressive treatment modalities is paramount.

COSCUV11

OCULAR TUBERCULOSIS (TB) - DO I LOOK LIKE X-MEN STORM, DOCTOR?

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Introduction

Tuberculosis (TB) is an infectious disease cause by Mycobacterium tuberculosis which majorly affecting the South-East region. Although it rarely contributes to Ocular TB, but few cases have been reported in the studies and uveitis is the most common presenting symptoms.

Report

A 17 years old gentleman presented with right eye (RE) redness and blurring of vision for the past 6 months. It was associated with floaters and cornea opacity. He worked among foreigners at his father's shop. H used over the counter (OTC) eye drops. Upon presentation, visual acuity of RE was hand movement (HM) with features of panuveitis. Anterior segments showed inferonasal corneal scar with vascularization. There was mutton fat keratic precipitates, streak of hypopyon, multiple area of posterior synechiae and cataractous lens. Posterior segment revealed that patient has uveitis but no loculations from B-scan. Mantoux test induration was positive. Other blood parameters are unremarkable. He was then started on anti-TB treatment as per regime with liaison with Respiratory team. Good clinical response towards anti- TB therapy was observed in this case and planned for cataract extraction after completed anti-TB for 9 months.

Conclusion

A high index of suspicion is detrimental in making a prompt diagnosis and antitubercular therapy (ATT) should be started despite grey areas regarding both initiation and duration of the drugs. Collaborative Ocular Tuberculosis Study (COTS) shows a good success treatment rate and deliver a promising result to patient.

COSCUV12

WHITE POLKA DOTS IN THE EYES: BOTH EYES PUNCTATE INNER CHOROIDOPATHY

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Introduction

To report a rare case of both eyes (OU) punctate inner choroidopathy (PIC) with inflammatory choroidal neovascularisation (CNV) in a man with the aid of multimodal imaging.

Report

A 40-year-old moderate myopic man, presented with right eye (OD) progressive blurring of vision for four-month with left eye (OS) sudden onset central scotoma for one-month. The visual acuity over the OD was 6/60, while the OS was 6/15. Anterior segments of the OU were unremarkable. Fundi showed multiple white dots at the mid-peripheries and posterior poles, with hypopigmented scars over the OD's macula and localized submacular bleed on the OS but an absence of vitritis. Optical coherence tomography (OCT) of the OU's macula revealed subretinal hyperreflective materials and intraretinal fluids. OU's OCT angiography portrayed the presence of a choroidal neovascular complex. Fluorescein angiography demonstrated early stippled hyperflourescence with late leakages of the CNV lesions and multiple hyperfluorescent spots seen, which corresponded to the hypopigmented lesions seen on the fundi. Multiple early hypocyanescence lesions seen without hotspots were noted in the indocyanine green angiography. T-spot test and *Treponema pallidum* particle agglutination assay were negative, inflammatory markers were not raised and chest x-ray was normal. He was diagnosed to have PIC with inflammatory CNV and thus proceeded with intravitreal injection of anti-vascular endothelial growth factor (VEGF) over the OU and responded well.

Conclusion

Multimodal imaging is beneficial in guiding us with the diagnosis and management of this patient. Anti-VEGF served as a good anti-angiogenic drug in treating the inflammatory CNV secondary to the PIC.

COSCUV13

UVEITIS MASQUERADE SYNDROME IN SYSTEMIC LYMPHOMA PATIENTS: INTRAOCULAR LYMPHOMA VS OPPORTUNISTIC INFECTION

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Introduction

Uveitis in lymphoproliferative disorder is a diagnostic challenge as it can mask-off intraocular lymphoma or opportunistic infection.

Report

Case 1. 72-year-old lady with history of Burkitt's lymphoma, endometrial carcinoma and left frontal lobe diffuse large B-cell lymphoma (DLBCL) in remission for two years, presented with left eye (LE) blurring of vision (BOV) for 3 months. Visual acuity (VA) was 6/18 in both eyes (BE). Examination of LE revealed features of anterior uveitis with dense vitritis. Initial magnetic resonance imaging (MRI) was normal. Six months later, VA dropped to 6/30 with vitritis, exudative retinitis and choroiditis. Diagnostic vitrectomy of LE confirmed atypical B-cell lymphoid cells consistent with metastatic DLBCL. Repeated MRI supported evidence of choroidal metastasis. Patient responded well to chemotherapy but VA remained guarded.

Case 2. 52-year-old lady, known case of Hodgkin lymphoma in remission for one month, noticed BE gradual BOV for 3 months. Both eyes VA were 6/36 and 6/60 respectively. Examination of right eye (RE) showed features of CMV retinitis at zone one, while LE showed features of non-granulomatous panuveitis. Clinical diagnosis of CMV retinitis was made which further confirmed by LE vitreous biopsy. Systemic and intravitreal ganciclovir were initiated. RE VA improved to 6/12 but LE vision remained poor.

Conclusion

Despite both cases of lymphoma having similar initial presentations with panuveitis picture, they revealed dissimilar results, which were confirmed by vitreous biopsy that prompted targeted treatment.

COSCUV14

BILATERAL ENDOGENOUS KLEBSIELLA ENDOPHTHALMITIS IN IMMUNOCOMPETENT AND CULTURE NEGATIVE LIVER ABSCESS REQUIRING EVISCERATION: A CASE REPORT

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Introduction

Endogenous endophthalmitis is a very rare but potentially devastating intraocular inflammation resulting from hematogenous dissemination into the eye from a remote focus of infection. Klebsiella species are highly prevalent causative organisms in Asia and often associated with a pyogenic liver abscess and diabetes mellitus. We report a case of a non-diabetic patient with culture negative liver abscess presented with bilateral endogenous endophthalmitis which required right eye evisceration despite prompt treatment.

Report

A 49-year-old Vietnamese gentleman known case of hypertension presented with sudden onset bilateral eye blurring of vision for 5 days associated with fever, chills and rigors. He started to have chesty cough with right sided pleuritic chest pain for 3 days and shortness of breath developed one-day prior to admission. Bilateral ocular examinations and B-scan ultrasonography consistent with endophthalmitis. Systemic workup was performed and showed multiloculated liver abscess seen radiologically. Bilateral eye vitreous tap and intravitreal antibiotic injection were performed. The vitreous culture was positive for Klebsiella pneumonia over right eye while no growth yield over the left eye. Endotracheal tube culture was positive for *Acinetobacter sp.* and *Klebsiella pneumoniae*. He underwent ultrasound-guided pigtail catheter insertion of the subcapsular and pelvic collection. However, no cultures yield from the blood and intraabdominal collection. The right eye infection rapidly progressed and leads to globe perforation which required evisceration.

Conclusion

A strong index of suspicion and urgent radiological evaluation is crucial for the diagnosis of *Klebsiella pneumoniae* endophthalmitis associated with liver abscess despite in non-diabetic and culture negative results.

COSCUV15

RARE CASE OF BILATERAL AND ASYMMETRICAL MULTIPLE EVANESCENT WHITE DOT SYNDROME (MEWDS)

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Introduction

Multiple evanescent white dot syndrome (MEWDS) is a unilateral benign inflammatory chorioretinopathy commonly affecting healthy young myopic female presenting with numerous white dots in the posterior pole and the midperiphery of retina. It is caused by inflammatory choriocapillaris non-perfusion leading to ischemia of the outer retina. We would hereby report a rare case of bilateral and asymmetrical MEWDS in a young female patient.

Report

A 17-year-old girl presented with right eye central blurring of vision and dyschromatopsia for 1 week duration. She has low myopia and best corrected vision at presentation was 6/18 OD and 6/9 OS. Bilateral anterior segment examination was unremarkable. Funduscopic examination however revealed multiple grey - white subretinal punctate lesions in both eyes and swollen optic disc with foveal granularity over the right. The optic disc and macula appeared normal over the left eye. Otherwise, there was no associated vitritis, vasculitis or retinitis seen bilaterally. In the right eye, Humprey visual field (HVF) showed enlarged blind spot whereas Spectral domain - Optical Coherence Tomography (SD-OCT) showed juxta foveal subretinal fluid with disrupted photoreceptor inner segment-outer segment (IS – OS) junction. Blood investigations and chest x-ray was normal. Her condition has resolved spontaneously after 6 weeks with 6/9 vision bilaterally.

Conclusion

This case represents an unusual case of bilateral and asymmetrical MEWDS with complete resolution within six weeks. Multimodal imaging shall be utilized to diagnose bilateral MEWDS which could be asymptomatic over the less affected eye and to rule out other sinister conditions with similar presentation.

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Malaysian Journal of Ophthalmology